

January 5, 2018

Brian Carnes Vital Records Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204

Dear Mr. Carnes,

Thank you so much for your quick response to our past requests for public records.

I am requesting copies of the original termination of pregnancy reports as submitted by the abortionists for terminations in Indiana from November 1, 2017 through November 30, 20 is my understanding that SEA 404 amended the Indiana Code to require that all abortions performed in Indiana be reported within 30 days (IC 16-34-2-5(b)). The effective date for change was July 1, 2017. I understand that reports will be provided on discs or electronica Please send the discs to the address below or e-mail to cathie.humbarger@ichooselife.org.

Please let me know of any cost related to this request and I will remit payment immediatel Mail to:

Cathie Humbarger, VP Indiana Right to Life 2126 Inwood Drive Fort Wayne, IN 46815

Sincerely.

Vice President of Policy Enforcement

Indiana Right to Life

Cathie Tumbayar

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/01/2017

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI)	SS - 8590 GEORGETOWN ROAD, INDIANAPO	City o	or town, of pregna	ncy termination	County of pregnancy termination MARION				
14	rried Date of pr	regnancy termination 12/01/2017	Educa		8th Grade or Less				
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	☐ Black or Afr	rican American	Unknown	thnicity Hispanic or Latino Not Hispanic or Latino				
Live Births:	Number now living	0		Number now decea	ased 0				
Other Terminations:	Number of spontaneous termination			Number of induced	d terminations				
	o not include this termination. If mo	re than six (6), those	most recent.)		0				
1	2 3		4	5	6				
Fetus delivered alive?	If yes, length of time fetus sur	rvived:		C	Complication(s) of Pregnancy Termination				
☐ Yes ■ No				■ None	e Uterine Perforation				
				П Нат	norrhage				
Fetus viable?	If viable, medical reason for t	ermination:		Hell	_				
☐ Yes ■ No				☐ Infec	ction Retained Products				
				☐ Othe	er (Specify)				
Pathological examination	If yes, results:								
performed?			Bildian in Company						
☐ Yes ■ No				Did this ter	rmination of pregnancy result in a maternal dea No	.th?			
				•					
		Tune of Town	nination Procedu	rec					
		Type of Term	Illination Frocedu	ies					
Procedure that Terminate	d Pregnancy		Additional Pr	ocedure that Termin	nated Pregnancy				
■ Medical (Nonsurgica				(Nonsurgical) Mife					
Medical (Nonsurgical Medical Medi				(Nonsurgical) Miso (Nonsurgical) Othe					
	(-1.33)			(, , ,	(-1 32)				
☐ Medical (Surgical) S☐ Medical (Surgical) M				(Surgical) Suction (Surgical) Menstrua					
Medical (Surgical)	Other (Specify)			(Surgical) Mensirua (Surgical) Other (Sp					
For Medical (Surgical) pr	ocedures, answer the following que	estion.	For Medical (Surgical) procedures, answer the following question.						
	have a post fertilization age at least	20 weeks?			oost fertilization age at least 20 weeks?				
☐ Yes ☐ N	0			Yes No					
If the previous question w	vas answered yes, complete the follo	owing questions.	If the previou	s question was answ	vered yes, complete the following questions.				
Was the fetus given the	best opportunity to survive?		Was the fet	us given the best opp	portunity to survive?				
Yes No	0			Yes 🗌 No					
	determination that the pregnant wor				nation that the pregnant woman had a condition				
that required the proced woman?	ure to avert death or serious impair	ment to the pregnant	that require woman?	d the procedure to av	vert death or serious impairment to the pregnan	t			
Date last normal menses l	•	Physician estim	ate of gestation (i	'n weeks)	Post fertilization age of the fetus (in weeks)				
	10/12/2017 age and post fertilization age deter	mined?	7		5				
ULTRASOUND	age and post retrinzation age deter	illinicu :							
Full name of physician pe	erforming termination								
DR. CAROL DELLINGE	_								
Address of physician perf	forming termination (number and st	reet, city, state, and z	ip code)						
200 S. MERIDIAN ST, I	NDIANAPOLIS, IN 46225								
**Date Reported to DO	CS, if Patient under 14 (month, d	ay, year):							

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than July 30 for each termination performed in the first six (6) months of that year and no later than January 30 for each termination performed for the last six (6) months of the preceding year.

Facility Name and Address City or town, of pregnancy termination County of pregnancy termination									nov tarmination	
PPIN-GEORGETOWN OR (PPG	CSS I) - 8590 GEORGETOWN ROA	AD, INDIANAPOLIS,	IN, 46268	City or	, 1 6	NAPOLIS				IARION
D 2 2 2 2 2 2					1	.:				
Patient's age** M	arried ☐ Yes ■ No	Date of pregna	ancy term 1 2/01/20		Educa	ntion		Asso	ociate Degree	
Race American Indian or A Native Hawaiian or C		☐ Asian ■ White	☐ Blac		an American	Unkı	nown		y anic or Latino Hispanic or Latino	☐ Unknown
Live Births:	Number now living	4				Number	r now de	ceased	0	
Other Terminations:	Number of spontaneo	us terminations 0				Number	r of indu	ced termi	nations 2	
Dates of terminations (D	o not include this terming UNKNOWN	nation. If more th	nan six (6), those m	ost recent.)	•	5.		6	
Fetus delivered alive?	If yes, length of ti	ime fetus survive	ed:					Complia	cation(s) of Pregnar	ncy Termination
☐ Yes ■ No							■ N	one	☐ Uter	rine Perforation
	70.1.1.1						□ н	emorrhag	ge 🔲 Cerv	vical Laceration
Fetus viable? Yes • No	If viable, medical	reason for term	ination:				☐ In	fection	☐ Reta	ained Products
							По	ther (Spec	cify)	
Pathological examination	n If yes, results:						_	` 1		
performed?							Did this	terminati	on of pregnancy res	sult in a maternal death?
							Yes	■ N		sait in a maternar death.
			Tr	ofT- '	notion D: 1					
Procedure that Tamain-4	ad Pragnency		Туре	e of Termi	nation Procedu		that Tar-	ningtod D	ragnancy	
Procedure that Terminat					Additional P					
Medical (Nonsurgion Medical (Nonsurgion)	cal) Misoprostol					(Nonsurg	gical) M	isoprosto	1	
Medical (Nonsurgio	cal) Other (Specify)				☐ Medical	(Nonsurg	gical) Ot	ther (Spec	cify)	
☐ Medical (Surgical) ☐ Medical (Surgical)	Suction Curettage Menstrual Aspiration					(Surgical				
Medical (Surgical)						(Surgical				
For Medical (Surgical) p	procedures, answer the fo	ollowing question	n.		For Medical	(Surgical)) procedu	ıres, answ	ver the following qu	uestion.
Was the fetus viable or ☐ Yes ☐ 1	have a post fertilization No	age at least 20 v	weeks?			_	or have a	a post fer	tilization age at leas	st 20 weeks?
If the previous question	was answered yes, comp	olete the followin	ng questio	ons.	If the previou	us questio	n was an	swered y	es, complete the fol	llowing questions.
Was the fetus given the	e best opportunity to sur No	vive?				tus given t Yes		opportuni	ty to survive?	
	determination that the p									oman had a condition
that required the proce- woman?	dure to avert death or ser	rious impairmen	t to the pr	regnant	that require woman?	ed the prod	cedure to	avert dea	atn or serious impai	irment to the pregnant
					<u> </u>					
Date last normal menses	began UNKNOWN		Physicia	an estimat	e of gestation (in weeks)		Post fe	ertilization age of th	
How were the gestationa	al age and post fertilization	on age determine	ed?					_1		
Full name of physician p	-									
Address of physician per 200 S. MERIDIAN ST,	-		, city, stai	te, and zip	code)					
**Date Reported to D	CS, if Patient under 1	4 (month, day, y	vear):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, NDIANAPOLIS, IN, 46219						City or town, of pregnancy termination INDIANAPOLIS County of pregnancy terminat MARION					ation		
Patient's age** 19	Marrie [ed Yes		Date of pregna	ancy termin 2/01/2017		Educa	ition	Н		ol Diploma or GED		
Race American Indian Native Hawaiian			_] Asian] White	☐ Black	or Afric	an American	□Un	known		nic or Latino	Jnknown	
Live Births:		lumber now liv		0					er now d		0	<u>,</u>	
Other Termination	s: N	lumber of spon	taneous					Numb	per of ind	uced termin			
Dates of termination	s (Do no	ot include this t	erminati	ion. If more th	nan six (6),	those me	ost recent.)				0		
1	2	2		3			4		5		6		
Fetus delivered alive		If yes, length	h of time	e fetus survive	ed:					Complic	ation(s) of Pregnancy Termina	ation	
	. 10								1	None	☐ Uterine Perfora	tion	
Fetus viable?		If viable, me	edical re	ason for termi	ination:				I	Hemorrhag	e Cervical Lacera	ition	
Yes •	No	11 (14,010,111							I	nfection	☐ Retained Produ	cts	
										Other (Spec	ify)		
Pathological examin	ation	If yes, result	ts:										
performed?	No								Did this	termination	on of pregnancy result in a mat	ternal death?	
	110								☐ Ye			emar deaur:	
					Туре о	of Termin	nation Procedu	res					
Procedure that Term	inated P	regnancy					Additional P	rocedure	e that Ter	minated Pr	egnancy		
Medical (Nonsu	ırgical)	Mifepristone					☐ Medical	(Nonsu	rgical) N	/lifepriston	•		
Medical (Nonsu	ırgical)	Misoprostol	١				☐ Medical	(Nonsu	rgical) N	Aisoprostol Other (Spec			
iviedicai (Nonst	irgicai)	Other (Specify))				Wiedicai	(INOIISU	rgicai) (mer (spec	Jy)		
☐ Medical (Surgio			ion							on Curetta			
Medical (Surgio			ion				Medical	(Surgic	al) Othe	r (Specify)	ution		
For Medical (Surgic	al) proce	edures, answer	the follo	wing question	n.		For Medical	(Surgica	al) proced	lures, answ	er the following question.		
Was the fetus viab	le or hav	ve a post fertiliz	zation ag	ge at least 20 v	weeks?		Was the fet	us viabl	e or have	a post fert	lization age at least 20 weeks	?	
☐ Yes [_						_	_] No				
If the previous quest		•	•		ig questions	S.	-	•		•	s, complete the following que	stions.	
Was the fetus gives ☐ Yes [st opportunity t	o surviv	e?				us giver Yes [opportunit	y to survive?		
What was the basis											nat the pregnant woman had a		
that required the property woman?	rocedure	to avert death	or serio	us impairment	t to the preg	gnant	woman?	a the pr	ocedure i	o avert dea	th or serious impairment to the	e pregnant	
Date last normal me	nses beg	gan		T	Physician	estimate	e of gestation (in weeks	5)	Post fe	tilization age of the fetus (in v	weeks)	
	10/	16/2017					8		,		6		
How were the gestat	_	_	lization	age determine	ed?								
ULTRASOUND EXAMINATION													
Full name of physici	ian perfo	orming terminal	tion										
DR. JEFFREY D. G	-	-											
Address of physician	-	-			, city, state,	and zip	code)						
1201 N ARLINGTO	MAVE	, INDIANAPC	LIG, IN	140213									
**Date Reported t	to DCS,	, if Patient un	der 14	(month, day, y	vear):								

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Facility Name and Addithe WOMEN'S MED CENTER INDIANAPOLIS, IN, 46219	ress OF INDIANAPOLIS - 1201 N AR	LINGTON AVE,	City or town, o	cy termination							
Patient's age**	, , , I	Date of pregnancy term	ination	Educat	ion						
21	Iarried ☐ Yes ■ No	12/01/20		Educai	IOII	9th-12	th, No Diploma				
Race American Indian or Native Hawaiian or		Asian Blac White Other	k or African Am	nerican	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	1			Number now	deceased	0				
Other Terminations:	Number of spontaneou	s terminations			Number of inc	luced termi	nations 0				
Dates of terminations (I	Do not include this termin	ation. If more than six (6), those most rec	ent.)			~				
1		3	4		5	C 1'	6				
Fetus delivered alive? Yes No	If yes, length of tin	me fetus survived:				•	cation(s) of Pregnanc				
						None	☐ Uterir	ne Perforation			
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	e Cervi	cal Laceration			
☐ Yes ■ No	,					Infection	☐ Retain	ned Products			
						Other (Spec	cify)				
Pathological examination	on If yes, results:										
performed? ☐ Yes ■ No					Didth	a tamainati	on of macananay many	It in a maternal death?			
								It in a maternal death?			
		Туре	of Termination	Procedur	es						
Procedure that Termina	ted Pregnancy		Addi	itional Pro	ocedure that Te	rminated Pr	regnancy				
					(Nonsurgical)						
 Medical (Nonsurgi 	cal) Misoprostol			Medical	(Nonsurgical)	Misoprostol	1				
☐ Medical (Nonsurgi	cal) Other (Specify)			Medical	(Nonsurgical)	Other (Spec	rify)				
Medical (Surgical)					(Surgical) Suct						
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Men (Surgical) Othe						
For Medical (Surgical)	procedures, answer the fol	lowing question		Madical (Surgical) proce	durae aneu	ver the following que	etion			
Was the fetus viable o ☐ Yes ☐	r have a post fertilization No	age at least 20 weeks?	Wa		is viable or hav es No	e a post fert	tilization age at least	20 weeks?			
If the previous question	was answered yes, compl	ete the following question	ns. If the	e previous	s question was	answered ve	es, complete the follo	owing questions.			
	• •			•	•	•	•	1			
Was the letus given th	e best opportunity to surv No	ive?	Wa		is given the bes es No	t opportuni	ty to survive?				
What was the basis for	r determination that the pr	egnant woman had a con	dition Wi	hat was th	e basis for dete	rmination t	hat the pregnant won	nan had a condition			
that required the proce woman?	edure to avert death or seri	ous impairment to the pr	-	nt required oman?	I the procedure	to avert dea	ath or serious impairr	ment to the pregnant			
Woman'											
Deta last	- 1	m · ·		-4-4* /*		D : C	-4:1:4: 0.d	Setura (in 1)			
Date last normal menses	s began 09/20/2017	Physicia	an estimate of ge	estation (<i>ii</i> 9	u weeks)	Post fe	ertilization age of the 7	ietus (<i>in weeks)</i>			
=	al age and post fertilization	n age determined?									
ULTRASOUND EXAM	MINATION										
Full name of physician DR. JEFFREY D. GLA											
	erforming termination (num	nber and street, city, stat	e, and zip code)								
1201 N ARLINGTON	AVE, INDIANAPOLIS,	IN 46219									
**Date Reported to I	OCS, if Patient under 14	4 (month, day, year):					_				

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	ddress FER OF IN	DIANAPOLIS - 1201 N AF	LINGTON AVE,		City or t	or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION						
Patient's age** 33	Marrie	ed Yes No	Date of pregna	ancy term 12/01/201		Educa	tion		th, No Diploma			
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black ■ Othe		an American	☐ Un		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	umber now living	5				Numb	per now deceased	1			
Other Termination	s: N	fumber of spontaneou					Numb	per of induced term	inations			
Dates of termination	s (Do no	ot include this termin	ation. If more th	han six (6)	, those mo	ost recent.)		<u> </u>				
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		4		Compli	cation(s) of Pregnar	ncy Termination		
☐ Yes ■ I	No							■ None	☐ Ute	rine Perforation		
								☐ Hemorrhag	ge 🔲 Cer	vical Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	ination:		☐ Infection ☐ Retained Products						
						Other (Specify)						
Pathological examin	Pathological examination If yes, results:							□ Other (spe	cijy)			
performed?		,,										
☐ Yes ■	No							Did this terminati ☐ Yes ■ N		sult in a maternal death?		
				Туре	of Termin	nation Procedu	res					
Procedure that Term	inated P	regnancy				Additional Pa	ocedure	e that Terminated P	regnancy			
■ Medical (Nonsu								rgical) Mifepristor				
Medical (NonsuMedical (Nonsu								rgical) Misoprosto rgical) Other (Spec				
Medical (Surgio	ral) Suc	tion Curettage				☐ Medical	(Surgic	al) Suction Curetta	nge			
Medical (Surgio	cal) Mei	nstrual Aspiration				☐ Medical	(Surgic	al) Menstrual Aspi	iration			
☐ Medical (Surgio	car) Otn	er (<i>specify</i>)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	n.		For Medical	Surgica	al) procedures, ansv	ver the following qu	iestion.		
Was the fetus viable Yes [_	e a post fertilization	age at least 20 v	weeks?			us viabl Yes [e or have a post fer No	tilization age at leas	st 20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followir	ng question	ns.	If the previou	s questi	ion was answered y	es, complete the fol	llowing questions.		
Was the fetus given ☐ Yes ☐		st opportunity to surv	rive?				us giver Yes [n the best opportuni No	ty to survive?			
		ermination that the pr								oman had a condition		
that required the pr woman?	ocedure	to avert death or ser	ious impairmen	t to the pr	egnant	that require woman?	d the pr	ocedure to avert de	ath or serious impai	irment to the pregnant		
Date last normal men	nses beg	an		Physicia	n estimate	e of gestation (i	n weeks	s) Post fe	ertilization age of th	ne fetus (in weeks)		
	10/	02/2017		,		6			4			
How were the gestat ULTRASOUND EX	_	-	n age determin	ed?								
OZINAGOGNO ZA												
Full name of physici	-											
DR. JEFFREY D. G			mhan and	oit: -1:1	a and -:	anda)						
Address of physician performing termination (number and street, city, state, ar 1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219						coae)						
**Date Reported t	**Date Reported to DCS, if Patient under 14 (month, day, year):								_			

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Facility Name and Add THE WOMEN'S MED CENTER INDIANAPOLIS, IN, 46219		IDIANAPOLIS - 1201 N ARI		City or town, of pregnancy termination INDIANAPOLIS					County of pregnar	acy termination ARION		
Dationt's ass##			Data of com-	onav tar:	ation	17:1	tion					
Patient's age** 37	Marrie [ed Yes • No	Date of pregn	ancy termina 12/01/2017		Educat	ion		Bach	elor's Degree		
Race American Indian or Native Hawaiian or			Asian White	☐ Black o	or African	American	☐ Unl	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	N	lumber now living	1				Numb	er now d	eceased	0		
Other Terminations:	N	fumber of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0		
Dates of terminations ((Do no	ot include this termina	tion. If more th	han six (6), t	those most	t recent.)						
1			3		4.			5	C 1	6		
Fetus delivered alive? Yes INO)	If yes, length of tin	ne fetus surviv	ed:				_	•	cation(s) of Pregnan		
								■ N	None	☐ Uteri	ne Perforation	
Fetus viable?		If viable, medical r	eason for term	ination:				☐ F	Hemorrhage	e 🔲 Cerv	ical Laceration	
☐ Yes ■ No)							☐ I	nfection	Reta	ned Products	
									Other (Spec	eify)		
Pathological examinati	ion	If yes, results:										
performed? ☐ Yes ■ No	0							Didthi	tomninotic	on of muononous mass	alt in a maternal death?	
les le No	U							Yes			iit in a maternal death?	
				Type of	f Termina	tion Procedur	es					
Procedure that Termina	ated P	regnancy				Additional Pr		that Ter	minated Pr	regnancy		
Medical (NonsurgMedical (Nonsurg	gical)	Misoprostol					(Nonsur	gical) M	Iifepriston Iisoprostol			
☐ Medical (Nonsurg	gical)	Other (Specify)				☐ Medical	(Nonsur	gical) C	ther (Speci	ify)		
Medical (Surgical									on Curettag			
☐ Medical (Surgical ☐ Medical (Surgical									strual Aspir (Specify)	ration		
						Caracter (cargarat) cans (cp-143)						
- M 1: 1 (0 : 1)		1 4 6 1	1			F M 1 1/	G :	1) 1		4 6 11 '		
For Medical (Surgical)	_				1		_	_		er the following que		
Was the fetus viable ☐ Yes ☐		ve a post fertilization a	age at least 20	weeks?			ıs viable Yes 🗀		a post fert	ilization age at leas	20 weeks?	
If the previous question	n was	answered ves comple	ete the followin	na auestions	,	If the previou	e anesti	on was a	newered ve	es, complete the foll	owing questions	
				ng questions.	.	•	-		•	•	owing questions.	
Was the fetus given t ☐ Yes ☐		st opportunity to survi	ive?				is given ∕es □		opportunit	y to survive?		
What was the basis for	or det	ermination that the pro	egnant woman	had a condit	tion	What was th	ne basis	for deter	mination th	hat the pregnant wo	man had a condition	
		to avert death or serie									ment to the pregnant	
woman :						woman:						
					,							
Date last normal mense	_	an /15/2017		Physician	estimate o	of gestation (i	n weeks)	Post fe	rtilization age of the	e fetus (in weeks)	
How were the gestation			n age determin	ed?		•						
ULTRASOUND EXA	MINA	TION										
Full name of physician DR. JEFFREY D. GL	_	-										
Address of physician p		=		t, city, state,	and zip co	ode)						
1201 N ARLINGTON	AVE	, INDIANAPOLIS, I	N 40∠19									
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):						_		

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Facility Name and Addre THE WOMEN'S MED CENTER C INDIANAPOLIS, IN, 46219		LINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION									
Patient's age** Ma	. ,	Date of pregnancy term	nination	Educat	tion							
29	arried Yes No	12/01/20		Educa	lion		elor's Degree					
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blace ☐ White ☐ Other	ck or African A	American	Unknown		y anic or Latino Hispanic or Latino	Unknown				
Live Births:	Number now living	1	•		Number now		0					
Other Terminations:	Number of spontaneou	-			Number of in	duced termi						
Dates of terminations (De	 o not include this termin	ation. If more than six (6), those most r	recent.)			0					
1	2	3	4		5.		6					
Fetus delivered alive? Yes No	If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination				
						None	☐ Uterir	ne Perforation				
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	ge 🗌 Cervie	cal Laceration				
☐ Yes ■ No				☐ Infection ☐ Retained Products								
						Other (Spec	cify)					
Pathological examination	If yes, results:											
performed? ■ Yes □ No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did th	nis terminati	on of pregnancy resu	It in a maternal death?				
					□ Y			it in a maternar deadr.				
		Туро	e of Termination	on Procedur	es							
Procedure that Terminate	ed Pregnancy		Ad	dditional Pr	ocedure that To	erminated P	regnancy					
☐ Medical (Nonsurgic	al) Mifepristone			Medical	(Nonsurgical)	Mifepriston	ie					
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic	al) Misoprostol			Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	1					
ivicultar (Tvonsurgic	ar) Other (specify)] Wiedicai	(Ivolisai gicai)	Other (Spec	.(1)					
Medical (Surgical)Medical (Surgical)	Suction Curettage Menstrual Aspiration				(Surgical) Suc (Surgical) Me							
Medical (Surgical)					(Surgical) Oth							
For Medical (Surgical) p	rocedures, answer the fol	lowing question.	Fo	or Medical (Surgical) proc	edures, answ	ver the following que	stion.				
	have a post fertilization	age at least 20 weeks?	,			ve a post fer	tilization age at least	20 weeks?				
☐ Yes ■ N	10			<u> </u>	les 🗌 No							
If the previous question v	was answered yes, compl	ete the following question	ons. If	the previou	s question was	answered y	es, complete the follo	wing questions.				
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv	ive?	\		us given the be	st opportuni	ty to survive?					
	determination that the pr	agnant woman had a cor	ndition V	_	_	armination t	hat the pregnant won	nan had a condition				
that required the proceed	dure to avert death or seri		regnant t	hat required			ath or serious impairr					
woman?			V	woman?								
			•									
Date last normal menses	began 10/20/2017	Physici	an estimate of	gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)				
How were the gestational		n age determined?					-					
ULTRASOUND EXAM	INATION, PELVIC EX	AMINATION										
Full name of physician p	-											
Address of physician per	-		te, and zip cod	'e)								
1201 N ARLINGTON A	VE, INDIANAPOLIS,	N 46219										
**Date Reported to D	CS, if Patient under 14	4 (month, day, year):					_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/04/2017

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Facility Name and Addr THE WOMEN'S MED CENTER INDIANAPOLIS, IN, 46219	ess Of Indianapolis - 1201 n ar	LINGTON AVE,	City or towr		ncy termination	1	County of pregnand	cy termination			
Patient's age** M		Date of pregnancy term	nination	Educat	tion						
32	arried Yes No	12/01/20		Educai	поп	Bach	nelor's Degree				
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blace ■ White ☐ Other	ck or African A	American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	2			Number now	deceased	0				
Other Terminations:	Number of spontaneou	s terminations 0			Number of in	duced termi	nations 3				
Dates of terminations (L	Oo not include this termin	ation. If more than six (6), those most r	recent.)							
Fetus delivered alive?	If yes, length of tin		4		5	Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■ No	, , , , , ,					None	☐ Uterir	ne Perforation			
						Hemorrhag	ge 🔲 Cervi	cal Laceration			
Fetus viable? Yes No	If viable, medical	reason for termination:		☐ Infection ☐ Retained Products							
				Other (Specify)							
Pathological examinatio	n If yes, results:				\dashv \Box	outer (open	-9,7,7				
performed? Yes No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did th	is terminati	on of pregnancy resu	It in a maternal death?			
					□ Y			it iii a matemar deaur:			
		Туро	e of Terminatio	on Procedur	res						
Procedure that Terminat	red Pregnancy		Ad	dditional Pr	ocedure that To	erminated Pr	regnancy				
☐ Medical (Nonsurgio					(Nonsurgical) (Nonsurgical)						
Medical (Nonsurgio					(Nonsurgical)						
Medical (Surgical)			_		(Surgical) Suc						
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Me (Surgical) Oth						
For Medical (Surgical) p	procedures, answer the fol	lowing question.		or Medical (Surgical) proce	edures, answ	ver the following que	stion.			
	r have a post fertilization	age at least 20 weeks?	,			e a post fert	tilization age at least	20 weeks?			
☐ Yes ■ 1				_	Yes □ No						
If the previous question	was answered yes, compl	ete the following question	ons. If	the previou	s question was	answered ye	es, complete the follo	owing questions.			
Was the fetus given the ☐ Yes ☐ 1	e best opportunity to surv No	ive?	1		us given the bear	st opportuni	ty to survive?				
What was the basis for	determination that the pr	egnant woman had a cor	ndition	What was th	ne basis for det	ermination t	hat the pregnant won	nan had a condition			
that required the proce woman?	dure to avert death or seri	ous impairment to the p		that required woman?	d the procedure	to avert dea	ath or serious impairs	ment to the pregnant			
Date last normal menses	•	Physici	an estimate of	-	n weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestations	10/03/2017 al age and post fertilization	n age determined?		8			6				
=	IINATION, PELVIC EX	-									
Full name of physician p	_										
Address of physician pe	rforming termination (num		te, and zip cod	le)							
1201 N ARLINGTON	AVE, INDIANAPOLIS,	IN 46219									
**Date Reported to D	OCS, if Patient under 14	4 (month, day, year):									

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF I	NDIANAPOLIS - 1201 N AR	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION						•			
Patient's age**	Marri	ied □ Yes ■ No	Date of pregnancy term		Educa	tion		Λεε	ociate Degree			
Race	or Oth	ska Native	☐ Asian ☐ Blac ■ White ☐ Other	k or African A	American	Unk		Ethnicity Hispa	y anic or Latino Hispanic or Latino	☐ Unknown		
Other Termination	s:	Number of spontaneou	as terminations			Numbe	er of ind	uced termi				
Dates of termination	is (Do n	ot include this termin	ation. If more than six (6)), those most r	ecent.)				0			
1		1	3	4			5	C1:	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:						cation(s) of Pregna	•		
							1 •		_	erine Perforation		
Fetus viable?		If viable, medical	reason for termination:					Hemorrhag	_	rvical Laceration		
☐ Yes ■ 1	No						I	nfection	∐ Re	tained Products		
		1		Other (Specify)								
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC			Did this			esult in a maternal death?		
						<u> </u>		,	<u> </u>			
			Type	of Termination	on Procedu	res						
Procedure that Term	inated	Pregnancy	71		dditional Pr		that Ter	minated Pr	regnancy			
☐ Medical (Nonsu		•						//////////////////////////////////////				
	ırgical)				Medical	(Nonsurg	gical) N	Misoprostol Other (Spec	1			
iviedicai (i vonst	iigicai)	Other (Specify)			j Wiedicai	(140iisui ş	gicai) C	жист (Брес	<i>.(j y)</i>			
	1) (1			_	Medical (Surgical) Suction Curettage							
	cal) Me	enstrual Aspiration			Medical	(Surgica	l) Mens	strual Aspi				
Medical (Surgio	cal) Ot	her (Specify)			Medical	(Surgica	l) Othe	r (Specify)				
For Medical (Surgical	al) proc	cedures, answer the fo	llowing question.	Fo	or Medical ((Surgical)) proced	lures, answ	er the following q	uestion.		
	le or ha ■ No	ve a post fertilization	age at least 20 weeks?	\		us viable Yes 🔲		a post fert	tilization age at lea	ast 20 weeks?		
If the previous quest	ion wa	s answered yes, comp	lete the following question	ons. If	the previou	s questio	on was a	nswered ye	es, complete the fo	ollowing questions.		
	n the be	est opportunity to surv	rive?	\		us given Yes 🔲		opportuni	ty to survive?			
			regnant woman had a cor ious impairment to the pr	regnant t						roman had a condition airment to the pregnant		
Date last normal me	nses be	gan	Physicia	an estimate of	gestation (i	n weeks))	Post fe	ertilization age of t	he fetus (in weeks)		
How were the		0/26/2017 ge and post fertilization	on aga datarminada		8				(6		
_			-									
	ULTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of physici												
			mber and street, city, stat	te, and zip cod	le)							
1201 N ARLINGTO	N AVI	E, INDIANAPOLIS,	IN 46219									
**Date Reported t	**Date Reported to DCS, if Patient under 14 (month, day, year):								_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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	Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219						City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termin MARION					
Datient's age**			Date of man	anov tormic	ation	Educa	tion					
Patient's age** 16	Marı	ried Yes No	Date of pregn	12/01/2017		Educa	tion			th, No Diploma	ı	
Race American Indian Native Hawaiian			Asian White	■ Black o	or Afric	an American	☐ Unkno	own		y anic or Latino Hispanic or Latino)	☐ Unknown
Live Births:		Number now living	0				Number n	now de		0		
Other Termination	ıs:	Number of spontaneou	s terminations				Number o	of indu	iced termi	nations 0		
Dates of termination	is (Do	not include this termina	v									
Fetus delivered alive	2	If yes, length of tir	3			4		5	Complic	cation(s) of Pregn	ancv Te	rmination
Yes I		if yes, length of the	ne retus surviv	ved.				■ N	•	_	•	rforation
								_	Iemorrhag	_		aceration
Fetus viable?	N o	If viable, medical r	reason for term	nination:						_	tained F	
Yes I	INO								nfection	_	tained F	Toducts
Pathological examin	ation	If yes, results:						☐ C	Other (Spec	cify)		
performed?				TIONAL O			_					
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	ATIONAL SA	AC		Di	id this] Yes		on of pregnancy r o	esult in	a maternal death?
		1										
				Type of	f Termin	nation Procedu	res					
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure tha	at Teri	ninated Pi	regnancy		
☐ Medical (Nonsu							(Nonsurgic					
Medical (Nonsu	ırgical					☐ Medical	(Nonsurgic (Nonsurgic	al) M	[isoprosto]	1		
iviedicai (ivolisti	ingicai) Other (<i>specify</i>)				iviedicai	(Ivolisuigic	ai) O	ther (spec	.(Jy)		
			(G : 1)	g .:								
	cal) M	enstrual Aspiration				☐ Medical	(Surgical) (Surgical)	Mens	trual Aspi	ration		
Medical (Surgio	cal) O	ther (Specify)				☐ Medical	(Surgical)	Other	(Specify)			
For Medical (Surgical	al) pro	cedures, answer the fol	lowing question	on.		For Medical	(Surgical) p	roced	ures, answ	ver the following	question	
Was the fetus viable ☐ Yes ☐	le or h ■ No	ave a post fertilization a	age at least 20	weeks?			us viable or Yes 🔲 N		a post fert	tilization age at le	ast 20 w	reeks?
If the previous quest	ion wa	as answered yes, comple	ete the followi	ng questions.		If the previou	is question v	was aı	nswered ye	es, complete the f	ollowing	g questions.
		est opportunity to survi	ive?						opportuni	ty to survive?		
	☐ No	, , , , , , , , , , , , , , , , , , , ,					Yes N			1 1		4 41.4
that required the pr		etermination that the pro re to avert death or seri				that require				hat the pregnant v ath or serious imp		
woman?						woman?						
Γ				Γ=:		_			T -			
Date last normal men		egan 0/10/2017		Physician 6	estimate	e of gestation (i	in weeks)		Post fe	ertilization age of	the fetus	s (in weeks)
_	tional a	age and post fertilization	_	ned?					1			
ULTRASOUND EXAMINATION, PELVIC EXAMINATION												
Full name of physician performing termination												
DR. JEFFREY D. G												
	-	orming termination (num		t, city, state, o	and zip	code)						
1201 N AKLINGTO	N AV	E, INDIANAPOLIS, I	N 46219									
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/04/2017

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	ddress ER OF I	NDIANAPOLIS - 1201 N ARL	INGTON AVE,	City or		ancy termination	County of pregnancy termination MARION
Dedience			D-4 C		F = 1	4:	
Patient's age** 22	Marri	ied □ Yes ■ No	Date of pregnand	01/2017	Educa		Some College, No Degree
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	= =	Black or Afric	can American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown
Live Births:	1	Number now living	0			Number now de	eceased 0
Other Terminations	s: 1	Number of spontaneous	terminations 0			Number of indu	uced terminations
Dates of terminations	s (Do n	ot include this termina	tion. If more than	six (6), those m	ost recent.)		
1		2	3		4	5	Complication(s) of Pregnancy Termination
Fetus delivered alive		If yes, length of tim	e fetus survived:				_
						■ N	_
Fetus viable?		If viable, medical re	eason for termina	tion:		D H	Hemorrhage Cervical Laceration
☐ Yes ■ N	No					☐ It	nfection Retained Products
							Other (Specify)
Pathological examina	ation	If yes, results:					
performed? • Yes • 1	No	CHORIONIC VILL	AE, GESTATIO	ONAL SAC		Did this	s termination of pregnancy result in a maternal death
						☐ Yes	
				Type of Termi	nation Procedu	res	
Procedure that Termi	inated	Pregnancy			Additional Pr	rocedure that Terr	minated Pregnancy
Medical (Nonsu	rgical)	Mifepristone			☐ Medical	(Nonsurgical) M	lifepristone
Medical (Nonsu	rgical)	Misoprostol			Medical	(Nonsurgical) M (Nonsurgical) O	disoprostol
Wiedlear (Tvonsa.	i gicai)	Other (Speety)			Wiedicar	(I tolisuigical)	mer (specify)
					<u> </u>		
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medica		ction Curettage enstrual Aspiration				(Surgical) Suction (Surgical) Mens	
Medical (Surgical					☐ Medical	(Surgical) Other	(Specify)
For Medical (Surgica	ıl) proc	cedures, answer the follow	owing question.		For Medical	(Surgical) proced	ures, answer the following question.
Was the fetus viable	e or ha	ve a post fertilization a	ge at least 20 we	eks?	Was the fet	us viable or have	a post fertilization age at least 20 weeks?
☐ Yes ■	No					Yes No	
If the previous questi	on was	s answered yes, comple	te the following	questions.	If the previou	is question was ar	nswered yes, complete the following questions.
Was the fetus given ☐ Yes ☐		est opportunity to surviv	ve?			us given the best Yes \(\square\) No	opportunity to survive?
	_	termination that the pre	gnant woman ha	d a condition	_	_	mination that the pregnant woman had a condition
that required the pro		e to avert death or serio			that require		o avert death or serious impairment to the pregnant
woman?					woman?		
					•		
Date last normal men		gan)/17/2017	P	hysician estimat	te of gestation (i	in weeks)	Post fertilization age of the fetus (in weeks) 5
How were the gestati		ge and post fertilization	age determined	?	•		<u> </u>
ULTRASOUND EX	ULTRASOUND EXAMINATION, PELVIC EXAMINATION						
Full name of physicia DR. JEFFREY D. G	R						
	-	ming termination (num		ity, state, and zip	o code)		
		·					
**Date Reported to	o DCS	S, if Patient under 14	(month, day, yea	r):			

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Facility Name and Add	dress	·			•	town, of pregna	. ,	mination		County of pregnancy termination	
THE WOMEN'S MED CENTER INDIANAPOLIS, IN, 46219	R OF IND	IANAPOLIS - 1201 N AF	RLINGTON AVE,				NAPOL			MARION	
Patient's age** 33	Married	I Yes No	Date of pregna	ancy termin		Educa	tion		Bach	elor's Degree	
Race American Indian or Native Hawaiian or	Other		Asian White	☐ Black		an American		known er now d	■ Not l	nnic or Latino Hispanic or Latino	wn
Live Births:		mber of spontaneou	3						uced termi	0 nations	
Other Terminations: Dates of terminations (•	1	han sir (6)	those m	ost recent)	Nullio	oei oi iiid	uced termi	0	
1. 2015	2.		3	un six (0),	inose m	4		5		6	
Fetus delivered alive? Yes No)	If yes, length of ti	me fetus survivo	ed:				1	None	ation(s) of Pregnancy Termination Uterine Perforation	
Fetus viable?		If viable, medical	reason for term	ination:					Hemorrhag	<u> </u>	
☐ Yes ■ No)								nfection	Retained Products	
Pathological examination	ion	If yes, results:							Other (Spe	ify)	
performed? Yes No		CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC			Did this ☐ Yes		on of pregnancy result in a maternal	death?
				Туре	of Termi	nation Procedu	res				
Procedure that Termina	ated Pr	egnancy				Additional P	rocedure	e that Ter	minated P	regnancy	
Medical (Nonsurging Medica	gical) N	/lisoprostol				☐ Medical	(Nonsu	rgical) N	Aifepriston Aisoprosto Other (Spec		
Medical (Surgical) Medical (Surgical) Medical (Surgical)) Men	strual Aspiration				☐ Medical	(Surgic	al) Mens	on Curetta strual Aspi r (Specify)		
For Medical (Surgical)	proced	lures, answer the fo	llowing question	n.		For Medical	(Surgica	al) proced	lures, answ	er the following question.	
Was the fetus viable o ☐ Yes ■		a post fertilization	age at least 20 v	weeks?			us viabl Yes [a post fer	ilization age at least 20 weeks?	
If the previous question	n was a	nswered yes, comp	lete the followir	ng question	ıs.	If the previou	ıs questi	ion was a	nswered y	es, complete the following questions	i.
Was the fetus given the ☐ Yes ☐		opportunity to surv	vive?				us giver Yes [opportuni	ey to survive?	
What was the basis for that required the proc woman?										hat the pregnant woman had a condi th or serious impairment to the preg	
Date last normal mense	_	n 2 8/2017		Physician	n estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the fetus (in weeks 3)
How were the gestation	_	_	_	ed?							
Full name of physician DR. JEFFREY D. GL	-	-									
Address of physician po	erform	ing termination (nu		, city, state	, and zip	code)					
**Date Reported to l	DCS,	if Patient under 1	4 (month, day, y	year):							

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF INI	DIANAPOLIS - 1201 N AF	LINGTON AVE,	City or		ancy terminatio	n	County of pregnancy termination MARION			
Patient's age** 26	Marrie [d Yes • No	Date of pregnancy	termination 1/2017	Educa			ool Diploma or GED			
Race American Indian Native Hawaiian			= =	Black or Afric	can American	☐ Unknown		y anic or Latino Hispanic or Latino			
Live Births:	N	umber now living				Number now		0			
Other Termination	ns: N	umber of spontaneou	is terminations			Number of ir	duced termi	inations 0			
Dates of termination	ns (Do no		ation. If more than s			5.		6			
Fetus delivered alive		If yes, length of ti					Compli	cation(s) of Pregnancy Termination			
☐ Yes ■	No					•	None	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for termination	on:			Hemorrhag	ge Cervical Laceration			
☐ Yes ■	No						Infection	☐ Retained Products			
					Other (Specify)						
Pathological examin performed?	ation	If yes, results:									
■ Yes	No	CHORIONIC VIL	LAE, GESTATION	NAL SAC	Did this termination of pregnancy result in a maternal Yes No						
						1	es <u>-</u> IN	0			
			,	Type of Termi	ination Procedu	ires					
Procedure that Term	ninated P	regnancy			Additional P	rocedure that T	erminated P	regnancy			
	_					(Nonsurgical)					
Medical (Nonsu Medical (Nonsu						(Nonsurgical) (Nonsurgical)					
Medical (Surgional Control Contro						(Surgical) Suc					
Medical (Surgio		strual Aspiration er (Specify)				(Surgical) Me (Surgical) Oth					
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical	(Surgical) proc	edures, ansv	ver the following question.			
Was the fetus viab ☐ Yes [e a post fertilization	age at least 20 week	cs?		tus viable or ha	ve a post fer	tilization age at least 20 weeks?			
If the previous quest	_	answered yes, comp	lete the following qu	estions.		_	answered y	es, complete the following questions.			
Was the fetus give		t opportunity to surv	rive?			tus given the be	st opportuni	ty to survive?			
What was the basis	s for dete		regnant woman had a		What was t	the basis for det		that the pregnant woman had a condition			
that required the pro- woman?	rocedure	to avert death or ser	ious impairment to the	he pregnant	that require woman?	ed the procedure	e to avert de	ath or serious impairment to the pregnant			
Date last normal me	_		Phy	ysician estimat	te of gestation (in weeks)	Post fe	ertilization age of the fetus (in weeks)			
How were the gestat		KNOWN e and post fertilization	n age determined?		13			11			
_	How were the gestational age and post fertilization age determined? JLTRASOUND EXAMINATION, PELVIC EXAMINATION										
Full name of physicion DR. JEFFREY D. C	_	-									
Address of physician	-	-		, state, and zip	o code)						
**Date Reported t	to DCS,	if Patient under 1-	4 (month, day, year)):				_			

SFN:006777

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/04/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF	S INDIANAPOLIS - 1201 N ARI	LINGTON AVE,	C	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION							
Patient's age**			Date of pregn	ancy termina	ation	Educa	tion					
32	Marı	ried Yes No		12/01/2017		Educa	tion		Bach	elor's Degree		
Race American Indian Native Hawaiian			Asian White	■ Black o	or Afric	an American	Unknow			nnic or Latino Hispanic or Latin	10	☐ Unknown
Live Births:		Number now living	4				Number no			0		
Other Termination	ıs:	Number of spontaneou					Number of	indu	ced termi			
Dates of termination	is (Do	not include this termina	ition. If more t	than six (6), th	hose me	ost recent.)						
1			3			4		5	C 1'	cation(s) of Pregr		
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ved:				-	•	_	•	
					■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical i	reason for term	nination:				_ H∈	emorrhag	e ∐ C	ervic	al Laceration
Yes •	No					☐ Infection ☐ Retained Products						
								Ot	ther (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
■ Yes	No	CHORIONIC VIL	LAE, GESTA	TIONAL SA	AC	Bid this termination of pregnancy result in a material des						
							<u> </u>	Yes	■ No	0		
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that	Term	ninated Pr	egnancy		
Medical (Nonsu Medical (Nonsu							(Nonsurgica (Nonsurgica					
		Other (Specify)					(Nonsurgica					
		action Curettage					(Surgical) S					
Medical (Surgion Medica		lenstrual Aspiration ther (Specify)					(Surgical) N (Surgical) C			ration		
For Medical (Surgic	al) pro	cedures, answer the fol	lowing questic	 on.		For Medical	(Surgical) pro	ocedu	ires, answ	er the following	aues	_ tion.
	· 1	ave a post fertilization a	0 1			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [■ No	ave a post fertilization a	ige at least 20	WCCKS:			Yes No		i post tert	inization age at i	cast 2	o weeks:
If the previous quest	tion wa	as answered yes, comple	ete the followi	ng questions.		If the previou	is question w	as an	swered ye	es, complete the	follov	ving questions.
		est opportunity to survi	ive?						pportunit	ty to survive?		
☐ Yes [☐ No						Yes No)				
		etermination that the prore to avert death or seri										an had a condition ent to the pregnant
woman?			r	1 .2		woman?	1					1 2
Date last normal me		egan 0/18/2017		Physician 6	estimate	e of gestation (i	in weeks)		Post fe	rtilization age of		etus (in weeks)
How were the gestat	6					4						
ULTRASOUND EX	ILTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of physici												
		orming termination (num	nber and stree	t, city, state, d	and zip	code)						
1201 N ARLINGTO	ON AV	E, INDIANAPOLIS, I	N 46219									
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/04/2017

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Facility Name and Ad THE WOMEN'S MED CENTI INDIANAPOLIS, IN, 46219	ddress ER OF II	NDIANAPOLIS - 1201 N ARI	LINGTON AVE,	City	or town, of pregna	ancy termination	County of pregnancy termination MARION	n			
Datient's cook*			Date of man-	may tampinatia	Educa	ution					
Patient's age** 25	Marri	ed □ Yes ■ No		ncy termination 2/01/2017	Educa	шоп	9th-12th, No Diploma				
Race American Indian o	or Othe	er Pacific Islander	Asian White	☐ Black or Aft Other	rican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino Unk	nown			
Live Births:		Number now living	2			Number now de	0				
Other Terminations	:	Number of spontaneous	s terminations 0			Number of indu	ced terminations				
Dates of terminations	s (Do n	ot include this termina		an six (6), those	most recent.)						
Fetus delivered alive?	?	If yes, length of tin	3	d:	4	5	Complication(s) of Pregnancy Termination	on			
Yes N		if yes, length of the	ic retus survive	u.			_				
Fetus viable?		If viable, medical r	eason for termi	nation:							
Yes N	No					∐ Ir	fection Retained Products				
							ther (Specify)				
Pathological examina performed?	ition	If yes, results:									
■ Yes □ N	No	CHORIONIC VILL	_AE, GESTAT	TIONAL SAC			termination of pregnancy result in a materr	nal death?			
						☐ Yes	■ No				
	Type of Termination Procedures										
	Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsur						(Nonsurgical) M					
Medical (Nonsur					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	al) Suc	ction Curettage			_	(Surgical) Suction	n Curettage				
	al) Me	enstrual Aspiration			☐ Medical	(Surgical) Mensi (Surgical) Other	rual Aspiration				
	, 0	ier (opecigy)									
For Medical (Surgica	l) proc	edures, answer the foll	lowing question	1,	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable	e or ha	ve a post fertilization a	ige at least 20 w	veeks?	Was the fe	tus viable or have	a post fertilization age at least 20 weeks?				
☐ Yes ■	No	-				Yes No					
If the previous question	on was	answered yes, comple	ete the followin	g questions.	If the previou	us question was ar	swered yes, complete the following question	ons.			
Was the fetus given Yes		est opportunity to survi	ve?			tus given the best of Yes \text{No}	opportunity to survive?				
		termination that the pro-					nination that the pregnant woman had a cor				
that required the prowoman?	ocedure	e to avert death or serie	ous impairment	to the pregnant	that require woman?	ed the procedure to	avert death or serious impairment to the p	regnant			
Date last normal men	iges ha	gan	1	Physician actim	nate of gestation (in wooks)	Post fertilization age of the fetus (in wee	oks)			
Date last normal men		gan /14/2017		i nysician estili	7	in weeks)	5	ns)			
_	How were the gestational age and post fertilization age determined?										
JLTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of -1	n ===-^	omning tomain-ti									
Full name of physicia DR. JEFFREY D. G	LAZE	R									
Address of physician 1201 N ARLINGTO	-	ming termination (nun E, INDIANAPOLIS, II		city, state, and z	zip code)						
**Date Reported to	DCS	, if Patient under 14	(month, day, y	ear):							

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	TER OF	S INDIANAPOLIS - 1201 N AR	LINGTON AVE,		ancy termination	Cour	nty of pregnancy termination			
INDIANAPOLIS, IN, 46219					INDIA	NAPOLIS		MARION		
Patient's age** 20	Mar	ried No		ancy termination	Educa	ation	Some College	, No Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black or Afr	ican American	Unknown	Ethnicity Hispanic or Not Hispani	Latino ic or Latino ☐ Unknown		
Live Births:		Number now living	0			Number now d	leceased	0		
Other Termination	s:	Number of spontaneou	s terminations 0			Number of ind	uced terminations	0		
		not include this termino				1				
Fetus delivered alive		If yes, length of tir			4	5	Complication(s	s) of Pregnancy Termination		
Yes •		ii yes, iengui oi tii	ne retus surviv	cu.			None	☐ Uterine Perforation		
						-		_		
Fetus viable?		If viable, medical	reason for term	ination:			Hemorrhage	Cervical Laceration		
☐ Yes ■ 1	No				☐ Infection ☐ Retained Produc					
					Other (Specify)					
Pathological examin performed?	ation	If yes, results:								
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL SAC				regnancy result in a maternal death?		
						☐ Ye	s • No			
				Type of Terr	nination Procedu	ıres				
Procedure that Term	inated	Pregnancy			Additional P	rocedure that Ter	minated Pregnand	ey		
☐ Medical (Nonsu						l (Nonsurgical) N		•		
☐ Medical (Nonsu	ırgical				☐ Medical	l (Nonsurgical) M l (Nonsurgical) (Misoprostol			
	irgicai) Other (specify)			Wiedical	(Nonsurgical) (other (<i>specify</i>)			
		action Curettage Senstrual Aspiration				l (Surgical) Sucti l (Surgical) Men				
Medical (Surgio						(Surgical) Othe				
For Medical (Surgic	al) pro	cedures, answer the fol	lowing question	on.	For Medical	(Surgical) proceed	dures, answer the	following question.		
Was the fetus viab		ave a post fertilization	age at least 20	weeks?		tus viable or have Yes No	a post fertilization	on age at least 20 weeks?		
If the previous quest	ion wa	as answered yes, compl	ete the following	ng questions.	If the previous	us question was a	nswered yes, con	plete the following questions.		
Was the fetus give: ☐ Yes [pest opportunity to surv	ive?			tus given the best Yes \[\] No	opportunity to su	rvive?		
		etermination that the pr						pregnant woman had a condition erious impairment to the pregnant		
woman?	ocedu	ie to aveit death of sen	ous impairmei	it to the pregnant	woman?	ed the procedure	to avert death of s	erious impairment to the pregnant		
Date last normal me		-		Physician estim	ate of gestation (in weeks)	Post fertilizat	ion age of the fetus (in weeks)		
How were the gestat	10/10/2017 7 5 How were the gestational age and post fertilization age determined?									
	How were the gestational age and post fertilization age determined? JLTRASOUND EXAMINATION, PELVIC EXAMINATION									
Full name of physici	_	-								
	_	orming termination (nun		t, city, state, and z	ip code)					
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):						

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
Patient's age** 18	Marrie [d Yes • No	Date of pregnancy terr 12/01/20		Educat		•	ool Diploma or GED			
Race American Indian Native Hawaiian			☐ Asian ☐ Bla ☐ White ☐ Oth		an American	Unknown		y anic or Latino Hispanic or Latino □ Unknown			
Live Births:	N	umber now living	0			Number now de	eceased	0			
Other Termination	s: N	umber of spontaneou				Number of indu	iced termi				
Dates of termination			ation. If more than six (6			_					
Fetus delivered alive		If yes, length of tin	me fetus survived:		4	5		cation(s) of Pregnancy Termination			
☐ Yes ■	No	<i>y</i> , <i>g</i>				■ N	Vone	☐ Uterine Perforation			
						— п	Iemorrhag	e Cervical Laceration			
Fetus viable? Yes	No	If viable, medical	reason for termination:				nfection	Retained Products			
							Other (Spec	_			
Pathological examin	ation	If yes, results:			- Ollier (specify)						
performed?			LAE CESTATIONAL	840	AC Pilling in the second						
■ Yes □	No	CHORIONIC VIL	LAE, GESTATIONAL	. SAC		Did this Yes		on of pregnancy result in a maternal death?			
Type of Termination Procedures											
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Terr	minated Pr	regnancy			
☐ Medical (Nonsu					☐ Medical	(Nonsurgical) M	Iifepriston	e			
Medical (Nonsu	ırgical) l ırgical) (Misoprostol Other (Specify)			☐ Medical ☐ Medical	(Nonsurgical) M (Nonsurgical) O	lisoprostol ther (<i>Spec</i>	l ify)			
Medical (Surgional Control Contro	cal) Suct	tion Curettage			☐ Medical	(Surgical) Suction	on Curetta	ge			
	cal) Mer	nstrual Aspiration			☐ Medical	(Surgical) Mens (Surgical) Other	trual Aspi				
ivicultar (Surgio	car) Our	сі (Бресіју)			Wicdicar	(Surgical) Outer	(Бресцу)				
Eor Medical (Surgic	al) proce	edures, answer the fol	lowing question		For Medical (Surgical) proced	urae anem	var the following question			
	_		age at least 20 weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	■ No	e a post fertilization	age at least 20 weeks:		was the lett		a post tert	inization age at least 20 weeks:			
			ete the following questi	ons.		•	•	es, complete the following questions.			
Was the fetus give ☐ Yes [st opportunity to surv	ive?			is given the best les No	opportunit	ty to survive?			
			egnant woman had a co					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?	occuure	to avert death of sen	ous impairment to the p	regnant	woman?	i ine procedure it	o avert dec	an or serious impairment to the pregnant			
					<u> </u>						
Date last normal me	_		Physici	an estimate	e of gestation (ii	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
How were the gestat		07/2017 e and post fertilizatio	n age determined?		7			5			
ULTRASOUND EXAMINATION, PELVIC EXAMINATION											
	Full name of physician performing termination										
DR. JEFFREY D. C	SLAZER	₹									
Address of physician 1201 N ARLINGTO	_	-	nber and street, city, sta N 46219	ite, and zip	code)						
	,										
**Date Reported t	to DCS,	if Patient under 14	4 (month, day, year):					-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		SS F INDIANAPOLIS - 1201 N AR	LINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION			
Patient's age**	Mai	rried	Date of pregnancy term	ination	Educa	tion						
23		☐ Yes ■ No	12/01/201	17			Т		th, No Diploma			
Race American Indian Native Hawaiian			Asian Black White Othe	k or African A	American		nknown ber now de	■ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:			3					iced termin	0			
Other Termination		Number of spontaneou	0			INUIIII	bei of illu	iced terrini	0			
Dates of termination	s (<i>Do</i>		ation. If more than six (6,		recent.)		5.		6.			
Fetus delivered alive	?	If yes, length of time						Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ 1	No						■ N	Vone	☐ Uterir	ne Perforation		
							Пн	Iemorrhag	e □ Cervi	cal Laceration		
Fetus viable? Yes 1	No	If viable, medical	reason for termination:					nfection	_	ned Products		
ies i	NO											
Data to the control of the control o		70 1						Other (Spec	rify)			
Pathological examination performed?	ation	If yes, results:										
■ Yes □	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC			Did this			lt in a maternal death?		
								<u> </u>)			
			Туре	of Termination	on Procedu	res						
Procedure that Term	inate	l Pregnancy		A	dditional Pr	ocedur	e that Terr	minated Pr	regnancy			
☐ Medical (Nonsu	ırgica	l) Mifepristone			Medical	(Nonsu	ırgical) M	lifepriston	e			
☐ Medical (Nonsu	ırgica				Medical	(Nonsu	ırgical) M	Iisoprostol				
Wedicar (140hsu	irgica	i) Other (Specify)		-	Medical (Nonsurgical) Other (Specify)							
		Suction Curettage Menstrual Aspiration			Medical Medical	(Surgio	cal) Suctional) Mens	on Curetta; trual Aspii	ge ration			
Medical (Surgio				🗖			cal) Other					
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question.	 Fo	For Medical (Surgical) procedures, answer the following question.							
	le or l	nave a post fertilization	age at least 20 weeks?	,		us viab! Yes [a post fert	ilization age at least	20 weeks?		
	_		lete the following questio	ns. If		_	_	nswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?	,		us give Yes [opportunit	y to survive?			
			regnant woman had a con						hat the pregnant won			
that required the pr woman?	ocedi	ire to avert death or seri	ious impairment to the pr		that require woman?	u ine pi	oceaure to	o avert dea	th or serious impairr	nent to the pregnant		
Date last normal mer	nses t	pegan	Physicia	n estimate of	gestation (i	in week	s)	Post fe	rtilization age of the	fetus (in weeks)		
	(09/15/2017			13		,		11			
		age and post fertilization										
OLIKASOUND EX	AIVIII	NATION, PELVIC EX	AWIINATION									
Full name of physici	an ne	rforming termination										
DR. JEFFREY D. G	_	-										
	-	-	mber and street, city, stat	e, and zip coa	le)							
1201 N ARLINGTO	'A N	/E, INDIANAPOLIS,	IN 46219									
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day, year):									

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		NDIANAPOLIS - 1201 N AR		City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termina MARION								
Dations' **			Data -f		anti	F1	tion					
Patient's age** 32	Marri	ed □ Yes ■ No	Date of pregn	12/01/2017		Educa	ition	;	Some Co	ollege, No Deg	ree	
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	☐ Asian ☐ White	Black Other		nn American	Unkno		■ Not I	/ anic or Latino Hispanic or Latir	10	Unknown
Live Births:	1	Number now living	2				Number 1	now de	eceased	0		
Other Termination	s: 1	Number of spontaneou	is terminations 0				Number of	of indu	iced termi	nations 0		
Dates of termination		ot include this termin	•			ost recent.)						
Fetus delivered alive		If yes, length of tin				1		5	Complic	cation(s) of Preg	nancy '	Termination
Yes •		if yes, length of the	ine retus surviv	reu.				■ N	•	_	•	Perforation
Fetus viable?	_	If viable, medical	reason for term	nination:	Hemorrhage Cervical Laceration							
☐ Yes ■ 1	No							∐ Ir	nfection	∐ R	etaine	d Products
									ther (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC						result	in a maternal death?
								Yes	■ No	0		
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Procedure that Term		Additional P	rocedure th	at Terr	ninated Pr	regnancy						
Medical (Nonsu							(Nonsurgio					
Medical (Nonsu							(Nonsurgio					
Medical (Surgio							(Surgical)					
☐ Medical (Surgion Med		enstrual Aspiration ner (Specify)					(Surgical) (Surgical)			ration		
For Medical (Surgic	al) proc	edures, answer the fol	llowing questic	on .		For Medical	(Surgical) r	nroced	ures answ	ver the following	mesti	On
						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	■ No	ve a post fertilization	age at least 20	weeks?		_	Yes		a post tert	inzation age at i	east 20	weeks?
If the previous quest	ion was	answered yes, compl	lete the followi	ng questions	s.	If the previou	as question	was ar	nswered ye	es, complete the	follow	ing questions.
Was the fetus give	n the be	est opportunity to surv	rive?			Was the fet	us given the	e best	opportunit	ty to survive?		
☐ Yes [☐ No						Yes	No				
		termination that the pre-										n had a condition nt to the pregnant
woman?	occuur	e to avert death of sen	ious impairmer	it to the preg	Silain	woman?	u the proce	dure it	o avert det	itii or serious iii	parrine	ne to the pregnant
Date last normal me		-		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age of		tus (in weeks)
How were the gestat		/13/2017 ge and post fertilization	n age determin	l ned?		10					8	
ULTRASOUND EXAMINATION, PELVIC EXAMINATION												
Full name of physici	LAZE	R										
	-	ming termination (number INDIANAPOLIS,		t, city, state,	, and zip	code)						
		,										
**Date Reported t	o DCS	s, if Patient under 14	4 (month, day,	year):						_		

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Facility Name and Addre THE WOMEN'S MED CENTER O INDIANAPOLIS, IN, 46219		LINGTON AVE,	City or town,		ncy termination		County of pregnancy termination MARION				
Patient's age**	arried	Date of pregnancy term	nination	Educat	tion			1			
28 Ma	Yes No	12/01/20		Luucai	non	Asso	ociate Degree				
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blac ☐ White ☐ Othe	ck or African A	merican	Unknown		/ anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	4			Number now o	deceased	0				
Other Terminations:	Number of spontaneou	s terminations 2			Number of inc	luced termin	nations 1				
Dates of terminations (Dates of terminations	to not include this termina 2 2010	ution. If more than six (6), those most re	ecent.)	-		-				
Fetus delivered alive?	If yes, length of tir		4		5. <u>_</u>	Complic	cation(s) of Pregnanc	y Termination			
Yes No	12 , 12, 111811 11			■ None ☐ Uterine Perforation							
				☐ Hemorrhage ☐ Cervical Laceration							
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for termination:									
☐ Yes ■ No						Infection	_	ned Products			
	TC I					Other (Spec	cify)				
Pathological examination performed?	If yes, results:										
■ Yes □ No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did thi			It in a maternal death?			
					10	3 🗀 110	<u> </u>				
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgic Medical (Nonsurgic	al) Misoprostol			Medical	(Nonsurgical) I (Nonsurgical) I	Misoprostol	l				
☐ Medical (Nonsurgic	(al) Other (Specify)			Medical	(Nonsurgical) (Other (Spec	ify)				
Medical (Surgical)	Suction Curettage Menstrual Aspiration				(Surgical) Suct (Surgical) Men						
Medical (Surgical)					(Surgical) Well		ration				
For Medical (Surgical) p	rocedures, answer the fol	lowing question.	 For	For Medical (Surgical) procedures, answer the following question.							
	have a post fertilization	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ■ N				_	les □ No						
If the previous question v	was answered yes, compl	ete the following question	ons. If the	he previou	s question was a	answered ye	es, complete the follo	wing questions.			
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	ive?	V		us given the bes Yes \text{No}	t opportunit	ty to survive?				
What was the basis for	determination that the pr	egnant woman had a cor	ndition W	Vhat was th	ne basis for dete	rmination tl	hat the pregnant won	nan had a condition			
	dure to avert death or seri		regnant th				ath or serious impairr				
Date last normal menses	began	Physicis	an estimate of g	restation (i	n weeks)	Post fe	rtilization age of the	fetus (in weeks)			
	10/15/2017	·		1	····/	2 330 70	4				
How were the gestational age and post fertilization age determined? ULTRASOUND EXAMINATION, PELVIC EXAMINATION											
ETRASCOND EXAMINATION, FELVIC EXAMINATION											
Full name of physician p	-										
Address of physician per	=		te, and zip code	?)							
1201 N ARLINGTON A	VE, INDIANAPOLIS, I	N 46219									
**Date Reported to D	CS, if Patient under 14	(month, day, year):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/04/2017

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Facility Name and Ad THE WOMEN'S MED CENTE INDIANAPOLIS, IN, 46219	ldress ER OF IN	NDIANAPOLIS - 1201 N ARI	LINGTON AVE,	City o	r town, of pregna	ancy termination		County of pregnancy termination MARION			
Detient, total		T	Data C			4:					
16	Marrie	ed □ Yes ■ No		ncy termination 2/01/2017	Educa	ition		h, No Diploma			
Race American Indian of Native Hawaiian of	or Othe	er Pacific Islander	Asian White	☐ Black or Afr	rican American	Unknown	Not H	nic or Latino 🔲 Unknown			
Live Births:	N	Number now living	0			Number now d	eceased	0			
Other Terminations	: N	Number of spontaneous	s terminations 0			Number of indu	uced termin	ations 0			
Dates of terminations	(Do n	ot include this termina	tion. If more the	an six (6), those	most recent.)						
1		2.	3		4	5	Complies	ation(s) of Pregnancy Termination			
Fetus delivered alive? Yes N		If yes, length of tin	ne tetus surviveo	a:			_	_			
								Uterine Perforation			
Fetus viable?		If viable, medical r	eason for termin	nation:	Hemorrhage Cervical Laceratio						
☐ Yes ■ N	o				☐ Infection ☐ Retained Products						
							Other (Speci	fy)			
Pathological examination performed?	tion	If yes, results:									
Yes N	lо	CHORIONIC VILI	_AE, GESTAT	IONAL SAC		Did this		n of pregnancy result in a maternal death?			
						☐ Yes	s 🔳 No				
	Ture of Termination Procedures										
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsur						(Nonsurgical) M					
☐ Medical (Nonsur ☐ Medical (Nonsur					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	al) Suc	ction Curettage			☐ Medical	(Surgical) Sucti	on Curettag	е			
☐ Medical (Surgica	al) Me	nstrual Aspiration			☐ Medical	(Surgical) Mens (Surgical) Other	strual Aspira	ation			
Medical (Surgica	ii) Oir	ier (<i>Specify)</i>			Medical	(Surgical) Other	г (зресіју)				
	15	1				(C : 1)		4.611			
		edures, answer the following	0 1		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable ☐ Yes ■		ve a post fertilization a	ige at least 20 w	eeks?		us viable or have Yes No	a post ferti	lization age at least 20 weeks?			
If the previous question	on was	answered yes, comple	ete the following	g questions.	If the previou	us question was a	nswered yes	s, complete the following questions.			
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?			us given the best Yes \Boxed No	opportunity	y to survive?			
	='	ermination that the pro-	agnant woman h	nad a condition		_	mination th	at the pregnant woman had a condition			
that required the pro		e to avert death or serie			that require			h or serious impairment to the pregnant			
woman?					woman?						
							1				
Date last normal mens		gan /01/2017		Physician estim	ate of gestation (in weeks)	Post fer	tilization age of the fetus (in weeks) 7			
How were the gestation	How were the gestational age and post fertilization age determined?										
JLTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of physicia DR. JEFFREY D. GI	LAZE	R									
Address of physician 1201 N ARLINGTON		ming termination (nun		city, state, and z	ip code)						
**Date Reported to	DCS	, if Patient under 14	(month, day, ye	ear):							

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Facility Name and Addre THE WOMEN'S MED CENTER O INDIANAPOLIS, IN, 46219	SS F INDI	ANAPOLIS - 1201 N ARL	INGTON AVE,	City or	town, of pregna	nncy termination	County of pregnancy termination MARION				
					<u> </u>						
36	rried	Yes 🗌 No	Date of pregnancy 12/01	termination	Educa	ition		nelor's Degree			
Race American Indian or A Native Hawaiian or O	ther I	Pacific Islander	= =	Black or Afric	can American	Unknown	■ Not	y anic or Latino Hispanic or Latino			
Live Births:	Nui	mber now living	3			Number now	deceased	0			
Other Terminations:	Nui	mber of spontaneous	s terminations 2			Number of in	nduced term	inations 1			
Dates of terminations (Do		include this termina 2011		ix (6), those n	nost recent.)	5.		6.			
Fetus delivered alive?		If yes, length of tin	ne fetus survived:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■ No		Jan, a Gran				•	None	☐ Uterine Perforation			
Fetus viable?		If viable, medical r	<i>6</i>				Hemorrhag	ge Cervical Laceration			
Yes No		ii viable, medicai i	eason for terminatio	on:	☐ Infection ☐ Retained Products						
					☐ Other (Specify)						
Pathological examination	1	If yes, results:									
performed? • Yes • No		CHORIONIC VILL	AE, GESTATION	NAL SAC	Did this termination of pregnancy result in a matern Yes No						
						<u> </u>	ies <u>-</u> i	10			
			,	Type of Term	ination Procedu	res					
Procedure that Terminate	d Pre	egnancy			Additional P	rocedure that T	erminated P	regnancy			
_		•			1_						
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica	al) M	Iisoprostol			☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	ıl			
☐ Medical (Nonsurgica	al) O	ther (Specify)			☐ Medical	(Nonsurgical)	Other (Spec	cify)			
Medical (Surgical)Medical (Surgical)						(Surgical) Su (Surgical) Me					
Medical (Surgical)						(Surgical) Ot					
For Medical (Surgical) pr	roced	ures, answer the foll	owing question.		For Medical	(Surgical) proc	ical) procedures, answer the following question.				
Was the fetus viable or ☐ Yes ■ N		a post fertilization a	ge at least 20 week	s?		us viable or ha Yes 🔲 No	ve a post fer	tilization age at least 20 weeks?			
If the previous question v	vas ar	nswered yes, comple	ete the following qu	estions.	If the previou	is question was	s answered y	res, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N		opportunity to survi	ve?			us given the be	est opportuni	ity to survive?			
What was the basis for	deteri	mination that the pro	egnant woman had a	a condition	What was t	he basis for de	termination	that the pregnant woman had a condition			
that required the proced woman?					that require woman?	d the procedur	e to avert de	ath or serious impairment to the pregnant			
					ı						
Date last normal menses	_	n NOWN	Phy	sician estima	te of gestation (in weeks)	Post fo	ertilization age of the fetus (in weeks) 5			
How were the gestational age and post fertilization age determined?											
JLTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of physician po		ning termination									
Address of physician perf	formi	-		, state, and zip	p code)						
1201 N ARLINGTON A	vE, I	INDIANAPOLIS, I	N 46219								
**Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Ac THE WOMEN'S MED CENTE INDIANAPOLIS, IN, 46219	ddress ER OF IN	NDIANAPOLIS - 1201 N ARL	INGTON AVE,	City		nancy termination		County of pregnancy termination MARION		
Datient's cos**			Date of	mass tampin - 4	17.1	cation				
Patient's age** 21	Marri	ed □ Yes ■ No		ancy termination 2/01/2017	Educ	сапоп	Asso	ciate Degree		
Race American Indian o	or Othe	er Pacific Islander	Asian White	Black or At	rican American	Unknown	■ Not F	nic or Latino 🔲 Unknown		
Live Births:		Number now living	0			Number now d		0		
Other Terminations	: N	Number of spontaneous	terminations 0			Number of ind	uced termin	nations 0		
Dates of terminations		ot include this termina		an six (6), those	most recent.)					
Fetus delivered alive?		If yes, length of tim	3	.d.	4	5	Complic	ation(s) of Pregnancy Termination		
Yes N		if yes, length of this	ie ietus survive	cu:			_	Uterine Perforation		
Fetus viable?		If viable, medical re	eason for termi	nation:	Hemorrhage Cervical Laceration					
☐ Yes ■ N	lo						Infection	☐ Retained Products		
						Other (Spec	ify)			
Pathological examina performed?	tion	If yes, results:								
Yes N	No	CHORIONIC VILL	AE, GESTA	TIONAL SAC		Did thi	s terminatio	on of pregnancy result in a maternal death?		
						☐ Ye	s 🔳 No)		
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsur						al (Nonsurgical) N				
☐ Medical (Nonsur ☐ Medical (Nonsur					☐ Medica	al (Nonsurgical) M al (Nonsurgical) (Misoprostol Other (Speci	ify)		
	8 /	(-F 93)								
	1) 0				-	1.00 . 1) 0				
	al) Me	enstrual Aspiration			☐ Medica	al (Surgical) Sucti al (Surgical) Men	strual Aspir	ge ration		
Medical (Surgica	al) Oth	ner (Specify)			☐ Medica	al (Surgical) Othe	r (Specify)			
For Medical (Surgical	l) proc	edures, answer the foll	owing question	1.	For Medical (Surgical) procedures, answer the following question.					
		ve a post fertilization a	ge at least 20 v	veeks?			e a post fert	ilization age at least 20 weeks?		
☐ Yes ■	No					Yes No				
If the previous question	on was	answered yes, comple	te the followin	g questions.	If the previous	ous question was a	inswered ye	s, complete the following questions.		
Was the fetus given ☐ Yes ☐		est opportunity to surviv	ve?			etus given the best Yes	opportunit	y to survive?		
	_					_				
		ermination that the pre to avert death or serio						nat the pregnant woman had a condition th or serious impairment to the pregnant		
woman?					woman?					
L					L					
Date last normal men	-	-		Physician estin	nate of gestation	(in weeks)	Post fe	rtilization age of the fetus (in weeks)		
10/16/2017 7 5 How were the gestational age and post fertilization age determined?										
_	JLTRASOUND EXAMINATION, PELVIC EXAMINATION									
Full name of physicia DR. JEFFREY D. G										
	-	ming termination (num		city, state, and	zip code)					
1201 N AKLINGTO	N AVE	E, INDIANAPOLIS, IN	N 40219							
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		S INDIANAPOLIS - 1201 N AR		City or town, of pregnancy termination INDIANAPOLIS					County of pregnan	cy termination		
Dotiont's 44		т.	Data -f	om ov. + *	otic	F-1	tio					
Patient's age** 18	Mar	ried Yes No	Date of pregna	ancy termina 1 2/01/2017		Educa	ition	н	igh Scho	ol Diploma or GE	D	
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	■ Black o	or Africa	an American		ıknown	■ Not I	anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numi	ber now d	eceased	0		
Other Termination	s:	Number of spontaneou	s terminations 0				Numl	ber of ind	uced termii	nations 0		
Dates of termination	s (Do	not include this termino	v			ost recent.)	,					
I	9	2				4		5	Complic	cation(s) of Pregnanc	v Termination	
Fetus delivered alive Yes I		If yes, length of tir	ne ietus survive	eu.					•	_	•	
					■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical	reason for term	ination:	Hemorrhage Cervical Laceration							
☐ Yes ■ I	No							I	nfection	Retain	ned Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes :	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	AC						lt in a maternal death?	
								☐ Yes	s 🔳 No	0		
Type of Termination Procedures												
Procedure that Term	inated	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy		
Medical (Nonsu									/lifepriston			
☐ Medical (Nonsu☐ Medical (Nonsu☐) Misoprostol) Other (<i>Specify</i>)							Aisoprostol Other (<i>Spec</i>			
Medical (Surgional)	2 (le	uction Curettage				☐ Medical	(Surgi	nal) Sucti	on Curetta	ga.		
Medical (Surgio	al) M	Ienstrual Aspiration					(Surgio	cal) Mens	strual Aspii			
☐ Medical (Surgio	cal) C	ther (Specify)				☐ Medical	(Surgio	cal) Othe	r (Specify)			
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing question	n.		For Medical (Surgical) procedures, answer the following question.						
	le or h	ave a post fertilization	age at least 20 v	weeks?		_	us viab Yes [_	a post fert	tilization age at least	20 weeks?	
	_	as answered yes, compl	ete the followin	ng auestions	i.		_		nswered ve	es, complete the follo	owing questions.	
		pest opportunity to surv		ig questions		•	•		•	ty to survive?	oming questions:	
Yes [ive:				Yes [оррогини	ly to survive:		
		etermination that the pr								hat the pregnant wor		
that required the pr woman?	ocedu	ire to avert death or seri	ous impairmen	t to the preg	nant	that require woman?	d the pi	rocedure t	o avert dea	nth or serious impair	ment to the pregnant	
Date last normal men	nses h	egan		Physician	estimate	e of gestation (in week	(s)	Post fe	rtilization age of the	fetus (in weeks)	
	C	9/15/2017				10		,	2 2 3 2 10	8	(
How were the gestational age and post fertilization age determined?												
OLIKASUUND EX	JLTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of physici	an no	forming termination										
Full name of physici DR. JEFFREY D. G	_	-										
	-	orming termination (nur		, city, state,	and zip	code)						
1201 N ARLINGTO	N A\	E, INDIANAPOLIS, I	N 46219									
**Date Reported t	o DC	S, if Patient under 14	l (month, day. y	year): _								

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					City or town	or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION	
Patient's age** 23	Marı	ied Yes I No	Date of pregna	ancy termi 12/01/201		Educa	tion			ociate Degree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or African A	merican		known	■ Not F	nnic or Latino Hispanic or Latino	
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontane	ous terminations 0				Numb	per of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this term	v			ecent.)		5		6	
Fetus delivered alive	?		time fetus survivo							eation(s) of Pregnancy Termination	
☐ Yes ■ I	No							1	None	☐ Uterine Perforation	
Fetus viable?		If viable medic	al reason for term	ination:				I	Hemorrhage	e Cervical Laceration	
Yes I	No	ii viable, medici	ar reason for term	mation.				I	nfection	☐ Retained Products	
									Other (Spec	eify)	
Pathological examin performed?	ation	If yes, results:									
■ Yes No CHORIONIC VILLAE, GESTATIONAL SAC								Did this		on of pregnancy result in a maternal death?	
					i e	S 🛅 NO)				
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure								e that Ter	minated Pr	egnancy	
☐ Medical (Nonsu	ırgical) Mifepristone				Medical	(Nonsu	rgical) N	/lifepriston	e	
☐ Medical (Nonsu ☐ Medical (Nonsu	rgical rgical) Misoprostol) Other (Specify)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
		. 1						,	` *	•••	
Medical (Surgional Control Contro	al) Su	iction Curettage			-	Medical	(Surgic	al) Sucti	on Curetta	ge	
	al) M	enstrual Aspiration				Medical	(Surgic	al) Mens	strual Aspii r (<i>Specif</i> y)		
1	,	(1 33)					` ` ` `	,	1 337		
For Medical (Surgical	al) pro	cedures, answer the	following question	n.	 Fo	r Medical ((Surgica	al) proced	lures, answ	er the following question.	
	_	ave a post fertilization						_		ilization age at least 20 weeks?	
	■ No					Yes No					
If the previous quest		•	•	ng questior		•	•		•	es, complete the following questions.	
Was the fetus given Yes		est opportunity to su	rvive?		V		us giver Yes [opportunit	y to survive?	
		etermination that the								hat the pregnant woman had a condition	
that required the pr woman?	ocedu	re to avert death or s	erious impairmen	it to the pre	_	hat require voman?	d the pr	ocedure t	o avert dea	th or serious impairment to the pregnant	
Date last normal men		•		Physician	n estimate of		in weeks	s)	Post fe	rtilization age of the fetus (in weeks)	
How were the gestat		9/17/2017 ge and post fertilization	tion age determin	ed?		10]	8	
ULTRASOUND EX			-								
Full name of physici DR. JEFFREY D. G	-	-									
Address of physician	-	=		t, city, state	e, and zip code	e)					
1201 N ARLINGTO	N AV	E, INDIANAPOLIS	o, IN 46219								
**Date Reported t	o DC	S, if Patient under	14 (month, day, y	year):						-	

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THE WOMEN'S MED CENTED OF INDIANADOLIS - 1201 N ADLINGTON AVE						pregnancy termination County of pregnancy terminal MARION MARION						
Patient's age**	Marri		Date of pregnancy term		Educat							
Race		Yes No	12/01/20	1/			High School Diploma or GED Ethnicity					
American Indian Native Hawaiian			☐ Asian ☐ Blac ■ White ☐ Other	k or African A	American	Unkr	nown	☐ Hispa	anic or Latino Hispanic or Latin	Unknown		
Live Births:	ı	Number now living	0			Number	r now d	eceased	0			
Other Termination	s:	Number of spontaneou	us terminations 0			Number of induced terminations 0						
Dates of termination			ation. If more than six (6		recent.)		_					
Fetus delivered alive		If yes, length of ti	me fetus survived:	4			_ 5	Complia	cation(s) of Pregn	ancy Termination		
Yes I		in yes, rengan or a	13(4)				■ N	None	□ Ui	erine Perforation		
							_ □ 1	Hemorrhag	е П.С	ervical Laceration		
Fetus viable? If viable, medical reason for termination: Yes No								nfection		etained Products		
Yes No									_	tailled Products		
Pathological examin	otion	If yes, results:						Other (Spec	cify)			
performed?	ation					_						
■ Yes □	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC			Did this ☐ Yes			result in a maternal deat		
Type of Termination Procedures												
Procedure that Term	inated l	Pregnancy		A	dditional Pr	ocedure t	hat Ter	minated Pr	regnancy			
☐ Medical (Nonsu	ırgical)	Mifepristone		lc	Medical	(Nonsurg	gical) M	lifepriston	e			
Medical (Nonsu	ırgical)	Misoprostol			Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
Medical (Nonsulgical) Other (Specify)												
Medical (Surgional Control Contro	201) Cu	ation Cumattaga		_	7 Madical	(Cumai a a l'	Custi	on Curetta				
Medical (Surgio	cal) Me	enstrual Aspiration			Medical	(Surgical)) Mens	strual Aspi				
Medical (Surgio	cal) Otl	ner (Specify)			_ Medical	(Surgical)) Other	r (Specify)				
For Medical (Surgical	al) proc	edures, answer the fo	llowing question.	Fo	or Medical ((Surgical)	proced	lures, answ	ver the following	question.		
	le or ha No	ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	ion was	s answered yes, comp	lete the following question	ons. If	the previou	s question	n was a	nswered ye	es, complete the f	following questions.		
	n the be	est opportunity to surv	rive?			us given t Yes		opportuni	ty to survive?			
			regnant woman had a con							woman had a condition		
that required the programmer woman?	rocedur	e to avert death or ser	ious impairment to the pr	-	that required woman?	d the proc	edure t	o avert dea	ath or serious imp	airment to the pregnant		
Date last normal me			Physicia	an estimate of		n weeks)		Post fe	ertilization age of	the fetus (in weeks)		
How were the gestat		/03/2017 ge and post fertilization	on age determined?		7					5		
_		ATION, PELVIC EX	-									
Full name of physici												
Address of physician	n perfor	ming termination (nu	mber and street, city, stat	te, and zip cod	de)							
1201 N ARLINGTO	N AVE	E, INDIANAPOLIS,	IN 46219									
**Date Reported t	to DCS	, if Patient under 1	4 (month, day, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/04/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219 City or					City or to	town, of pregnancy termination County of pregnance INDIANAPOLIS MA					gnancy MAR	
Dationt? + ++			Data -f	on or: t-	noti	F1	tion					
Patient's age** 20	Marri	ed □ Yes ■ No	Date of pregn	nancy termin 12/01/2017		Educa	tion	:	Some Co	ollege, No Deg	ree	
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	☐ Black		n American	Unkno		■ Not I	nnic or Latino Hispanic or Latin	10	Unknown
Live Births:	1	Number now living	0				Number r	now de	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations 0			Number of induced terminations 0						
Dates of termination	s (Do n	ot include this termin	•			st recent.)						
Fetus delivered alive	.9	If yes, length of tin			4	·		5	Complic	eation(s) of Preg	nancy '	Termination
Yes I		if yes, length of th	ine ietus sui viv	eu.				■ N	•	_	•	Perforation
								_				
Fetus viable?		If viable, medical	reason for term	nination:					lemorrhag	_		l Laceration
☐ Yes ■ No								∐ Ir	nfection	∐ R	Letaine	d Products
									ther (Spec	rify)		
Pathological examination performed?												
■ Yes □ No CHORIONIC VILLAE, GESTATIONAL SAC											result	in a maternal death?
								Yes	■ No	0		
Time of Tamination Presedures												
Type of Termination Procedures												
Procedure that Term	inated l	Pregnancy				Additional P	rocedure tha	at Terr	ninated Pr	regnancy		
Medical (Nonsu Medical (Nonsu							(Nonsurgio					
		Other (Specify)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro	cal) Su	ction Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge		
	cal) Me	enstrual Aspiration					(Surgical) (Surgical)	Mens	trual Aspi			
- Wedlear (Surgio	our) Ou	ior (speedy)					(Burgicur)	outer	(Specify)			
	1)	1 1 6	11				/G · 1)			4 6 11 .		-
	_	edures, answer the fol								er the following	•	
	le or ha ■ No	ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion was	s answered yes, compl	lete the followi	ng questions	s.	If the previou	is auestion	was ar	nswered ve	es, complete the	follow	ing questions.
		est opportunity to surv		8 1		_	_			y to survive?		
_ ~ -	No	est opportunity to surv	ive:				Yes \[\] N		оррогини	y to survive:		
		termination that the pr										n had a condition
that required the pr woman?	ocedur	e to avert death or seri	ious impairmer	nt to the preg	gnant	that require woman?	d the proce	dure to	avert dea	th or serious im	pairme	ent to the pregnant
Date last normal men	nses he	gan		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age o	f the fe	tus (in weeks)
	10	/17/2017				6					4	()
_		ge and post fertilizatio	-	ned?								
ULTRASOUND EX	ULTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of physici	an nerf	Orming termination										
DR. JEFFREY D. G	_	-										
	-	ming termination (num		t, city, state,	and zip	code)						
1201 N ARLINGTO	'N AVI	E, INDIANAPOLIS,	114 402 13									
**Date Reported t	o DCS	5, if Patient under 14	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/05/2017

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANA	POLIS, IN, 46268	or town, of pregna	ncy termination	County	y of pregnancy termination MARION				
Dationt's acakk	I Day of	nraananay ta	n 17.1	tion						
21	rried Date of ☐ Yes ■ No	pregnancy termination 12/05/2017	n Educa	Hiç	h School Diple	oma or GED				
Race American Indian or A Native Hawaiian or O			frican American		☐ Hispanic or L ☐ Not Hispanic					
Live Births:	Number now living	1		Number now dec	umber now deceased 0					
Other Terminations:	Number of spontaneous termina	ations 1		Number of induc	umber of induced terminations					
Dates of terminations (Do	o not include this termination. If r	nore than six (6), thos	e most recent.)	5		6				
Fetus delivered alive?	If yes, length of time fetus	survived:	4	5	Complication(s)	of Pregnancy Termination				
☐ Yes ■ No	2. , 2., 2g 2			■ No	one	☐ Uterine Perforation				
					emorrhage	Cervical Laceration				
Fetus viable?	If viable, medical reason for									
☐ Yes ■ No		lni	ection	☐ Retained Products						
Other (Specify)										
Pathological examination performed?										
Yes No				egnancy result in a maternal death?						
				☐ Yes	■ No					
Type of Termination Procedures										
Type of Termination Procedures										
Procedure that Terminate	d Pregnancy		Additional Pr	ocedure that Term	inated Pregnancy	ÿ				
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica				(Nonsurgical) Mi (Nonsurgical) Mi						
Medical (Nonsurgical				(Nonsurgical) Oth						
Medical (Surgical) S	Suction Curettage		_	(Surgical) Suction	1 Curettage					
	Menstrual Aspiration			(Surgical) Menstr (Surgical) Other	ual Aspiration					
Wedicai (Surgicai)	Outer (specify)		Wiedicar	(Surgicar) Other	<i>эресіју)</i>					
For Modical (Surgical) pr	rocedures, answer the following q	usestion.	For Madical (Curgical) procedu	ros answer the fe	ollowing question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at lea o	sst 20 weeks?		us viable of have a	post fertilization	age at least 20 weeks?				
If the previous question v	vas answered yes, complete the fo	ollowing questions.	If the previou	s question was ans	swered yes, comp	plete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best of Yes No	pportunity to sur	vive?				
	determination that the pregnant w					oregnant woman had a condition				
that required the proced woman?	lure to avert death or serious impa	airment to the pregnan	t that require woman?	d the procedure to	avert death or ser	rious impairment to the pregnant				
Date last normal menses	•	Physician esti	mate of gestation (i	n weeks)	Post fertilization	on age of the fetus (in weeks)				
	09/30/2017 age and post fertilization age det	ermined?	10			8				
ULTRASOUND	50 and post returnation age det									
	Full name of physician performing termination DR. CAITLIN BERNARD									
Address of physician perf	forming termination (number and		zip code)							
8590 GEORGETOWN I	ROAD, INDIANAPOLIS, IN 46	268								
**Date Reported to DO	**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/05/2017

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Facility Name and Add PPIN-GEORGETOWN OR (PR		90 GEORGETOWN ROAD), INDIANAPOLIS,	IN, 46268	City or	town, of pregna	•			County of	pregnancy to MARIO	
I mara a sa T			D		• ,•	T = -	.•					
28	Marrie [d Yes • No	Date of pregn	ancy term 12/05/201		Educa	tion	н		ol Diploma	or GED	
Race American Indian of Native Hawaiian of			Asian White	☐ Blac		an American	☐ Uni	known		nic or Latin		Unknown
Live Births:	Nı	umber now living	0					Number now deceased 0				
Other Terminations:	N	umber of spontaneou					Numb	er of ind	uced termin			
Dates of terminations	(Do no	t include this termina	ution. If more th	han six (6,), those m	ost recent.)						
1	2.					4		5		. () (7	6	
Fetus delivered alive? Yes No		If yes, length of tir	ne fetus surviv	ed:					Complic	ation(s) of P	Pregnancy Te	rmination
103 [100	,							■ 1	None		Uterine Po	erforation
T : 110		TC : 11 1: 1	C .	• .•				□ I	Hemorrhage	e 🗆	Cervical I	aceration
Fetus viable? ☐ Yes ■ No)	If viable, medical r	reason for term	ination:				П	nfection		l Retained	Products
								_		:6)		
								Other (Spec	ify)			
Pathological examination performed?												
										ncy result in	a maternal death?	
☐ Yes ■ No												
Type of Termination Procedures												
				Туре	or remin							
Procedure that Termin	ated Pi	regnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy		
Medical (Nonsurg	gical) l	Mifepristone				☐ Medical	(Nonsur	rgical) N	lifepriston	e		
Medical (NonsurgMedical (Nonsurg	gical) gical) (Misoprostol Other (<i>Specify</i>)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
								,		,		
☐ Medical (Surgical ☐ Medical (Surgical									on Curettaş strual Aspir			
Medical (Surgical									r (Specify)			
For Medical (Surgical)	nroce	dures answer the fol	lowing questio	n		For Medical (Surgica	1) proced	lures answ	er the follow	ving question	1
_	_						_	-				
Was the fetus viable ☐ Yes ☐		e a post fertilization a	age at least 20	weeks?			us viable Yes [a post fert	ilization age	at least 20 v	veeks?
If the previous question	n was a	answered yes, comple	ete the following	ng questio	ns.	If the previou	ıs questi	on was a	nswered ye	s, complete	the followin	g questions.
Was the fetus given t ☐ Yes ☐		t opportunity to survi	ive?			Was the fet	us given Yes [opportunit	y to survive'	?	
What was the basis f	or dete	rmination that the pr	eonant woman	had a con	dition	What was th	he hasis	for deter	mination th	nat the pregn	ant woman	had a condition
that required the prod			_			that require						to the pregnant
woman?						woman?						
<u> </u>						<u> </u>						
Date last normal mens	_	nn 0/2017		Physicia	n estimat	e of gestation (i	in weeks)	Post fer	tilization ag	ge of the fetu 5	s (in weeks)
How were the gestation	nal age	and post fertilization	n age determin	ed?								
ULTRASOUND												
F-11	c-											
Full name of physician DR. CAITLIN BERNA	ARD											
Address of physician p 8590 GEORGETOW		-		, city, stat	e, and zip	code)						
**Date Reported to	DCS.	if Patient under 14	(month, day,	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Patient's ages** Matriced Yes No. Date of programsty termination Tabacation High School Diploma or GED	Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	SS) - 8590 GEORGETOWN ROAD, IN	City or town, o		ncy termination	County of pregnancy termination MARION					
And											
Anti-circ notation of Alsoba Martiev White Black of Articises Unknown See Harganes or Latino Unknown Unknown Note Unknown Note Unknown	21	arrea			Educat			•			
Detect of terminations: Number of spontaneous terminations Number of induced terminations Detect of terminations Number of induced terminations Detect of termi	American Indian or A	ther Pacific Islander	=	or African Am	erican		Hispa Not H	nic or Latino			
Other Terminations Output of Expositation of Superinformations Superinformation Su	Live Births:	Number now living	1			Number now d	leceased	0			
Deles of terminations (I/b and standard that termination: I/more plant six (6), those most recent.)	Other Terminations:	Number of spontaneous to				Number of ind					
Fetts delivered alive? Ves No Ves No Ves Ves Ves No		not include this termination	on. If more than six (6).	those most rece	ent.)			0			
None Cherine Perforation	1		•	4		5		6			
Petus viable?	Fetus delivered alive?	If yes, length of time	fetus survived:				Complic	ration(s) of Pregnancy Termination			
Form valse? No If viable, medical reason for termination:	☐ Yes ■ No						None	Uterine Perforation			
Form valse? No If viable, medical reason for termination:							or 1				
Other (Specify)	Fetus viable?	If viable, medical reas	son for termination:				Hemorrnage	e			
Pathological examination performed: Yes No No No No No No No N	☐ Yes ■ No						Infection	☐ Retained Products			
Procedure that Terminated Pregnancy Additional Procedures No Medical (Nonsurgical) Misoprostal Medical (Surgical) Suction Curettage Medical (Surgical) Other (Specify) Medical (Surgical) Mentrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Mentrual Aspiration Medical (Surgical) Deter (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Deter (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Deter (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus viable or have a post fertilization age of the fetus (in weeks) Was the fetus v	☐ Other (Specify)										
Procedure that Terminated Pregnancy Additional Procedures No Medical (Nonsurgical) Misoprostal Medical (Surgical) Suction Curettage Medical (Surgical) Other (Specify) Medical (Surgical) Mentrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Mentrual Aspiration Medical (Surgical) Deter (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Deter (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Deter (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the best opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus signed the set opportunity to survive? Was the fetus viable or have a post fertilization age of the fetus (in weeks) Was the fetus v	Pathological examination	If yes, results:									
Type of Termination Procedures Type of Termination Procedures	performed?										
Type of Termination Procedures	∐ Yes ■ No										
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus whole or have a post fertilization age at least 20 weeks? Yes No No Medical (Surgical) Procedures answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Physician estimate of gestation (In weeks) Post fertilization age of the fetus (In weeks) No No No No No No No N											
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus whole or have a post fertilization age at least 20 weeks? Yes No No Medical (Surgical) Procedures answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Physician estimate of gestation (In weeks) Post fertilization age of the fetus (In weeks) No No No No No No No N											
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Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Dute last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) Full name of physician performing termination Physician performing termination Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Post fertilization age of the fetus (in weeks) Post ferti	Procedure that Terminate	ed Pregnancy		Addi	tional Pr	ocedure that Ter	minated Pr	egnancy			
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Dute last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) Full name of physician performing termination Physician performing termination Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Post fertilization age of the fetus (in weeks) Post ferti	Medical (Nonsurgical	al) Mifanristana			Madical	(Noncuraical) N	Aifanriston	a			
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Was the fetus given the best opportunity to survive? Yes No Yes No Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman? Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman? Medical (Surgical) Determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Physician estimate of gestation (In weeks) Post fertilization age of the fetus (In weeks) Augustion Augusti	Medical (Nonsurgica	al) Misoprostol			Medical	(Nonsurgical) N	Aisoprostol				
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)	☐ Medical (Nonsurgical	al) Other (Specify)			Medical	(Nonsurgical) (Other (Speci	ify)			
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Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)	Medical (Surgical)	Suction Curettage		— I —	Medical	(Surgical) Sucti	ion Curettas	ge			
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 10/22/2017 6 4 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination 10/2018	☐ Medical (Surgical) 1	Menstrual Aspiration			Medical	(Surgical) Mens	strual Aspir	ration			
Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 10/22/2017 6 4 How were the gestational age and post fertilization age determined? ULTRASOUND Pulsician performing termination (number and street, ciry, state, and zip code) Sego GEORGETOWN ROAD, INDIANAPOLIS, IN 46268 No Post fertilization age of the fetus (in weeks) Address of physician performing termination (number and street, ciry, state, and zip code) Sego GEORGETOWN ROAD, INDIANAPOLIS, IN 46268 No Post fertilization age of the fetus (in weeks) Address of physician performing termination (number and street, ciry, state, and zip code) Sego GEORGETOWN ROAD, INDIANAPOLIS, IN 46268 No Post fertilization age of the fetus (in weeks) 4	☐ Medical (Surgical) (Other (Specify)			Medical	(Surgical) Othe	r (Specify)				
Was the fetus viable or have a post fertilization age at least 20 weeks? Yes											
Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 10/22/2017 6 4 How were the gestational age and post fertilization age determined? ULTRASOUND Pulsician performing termination (number and street, ciry, state, and zip code) Sego GEORGETOWN ROAD, INDIANAPOLIS, IN 46268 No Post fertilization age of the fetus (in weeks) Address of physician performing termination (number and street, ciry, state, and zip code) Sego GEORGETOWN ROAD, INDIANAPOLIS, IN 46268 No Post fertilization age of the fetus (in weeks) Address of physician performing termination (number and street, ciry, state, and zip code) Sego GEORGETOWN ROAD, INDIANAPOLIS, IN 46268 No Post fertilization age of the fetus (in weeks) 4	For Medical (Surgical) pr	rocedures, answer the follow	ving question.	—— For N	Medical (Surgical) proced	dures, answ	er the following question.			
Yes No Yes Yes No Yes No Yes Yes No Yes No Yes No Yes No Yes Yes Yes No Yes Yes Yes No Yes Yes Yes Yes No Yes Y			• •			0 /1					
Was the fetus given the best opportunity to survive? Ves No Was the fetus given the best opportunity to survive? No Was the fetus given the best opportunity to survive? No Was the fetus given the best opportunity to survive? No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began		1	at least 20 weeks?	wa			e a post tert	ilization age at least 20 weeks?			
Was the fetus given the best opportunity to survive? Ves No Was the fetus given the best opportunity to survive? No Was the fetus given the best opportunity to survive? No Was the fetus given the best opportunity to survive? No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began	If the marriage question y	rias anarrianad rias, aanmalata	the fellowing questions	If the		a avaction was	marriana d via	a complete the following questions			
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 10/22/2017 Physician estimate of gestation (in weeks) 10/22/2017 Post fertilization age of the fetus (in weeks) 4 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	if the previous question v	vas answered yes, complete	the following questions	s. If the	previou	s question was a	inswered ye	es, complete the following questions.			
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 10/22/2017 Physician estimate of gestation (in weeks) 10/22/2017 Post fertilization age of the fetus (in weeks) 4 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268			?	Wa			opportunit	y to survive?			
that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 10/22/2017 Physician estimate of gestation (in weeks) 10/22/2017 Address of physician performing termination DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268		O			<u></u>	ies 🔲 No					
Date last normal menses began 10/22/2017 Physician estimate of gestation (in weeks) A How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268											
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268		die to avert death of serious	s impairment to the preg	-	-	i ilic procedure i	o avert dea	an or serious impairment to the pregnant			
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268											
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268											
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268			Γ _								
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268		•	Physician	_		n weeks)	Post fer				
Full name of physician performing termination DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268			ge determined?								
DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	=	g F	8								
DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268											
DR. CAITLIN BERNARD Address of physician performing termination (number and street, city, state, and zip code) 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268	Full name of physician pe	Full name of physician performing termination									
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268		_									
	Address of physician perf	forming termination (number	er and street, city, state,	and zip code)							
**Date Reported to DCS, if Patient under 14 (month, day, year):	8590 GEORGETOWN I	ROAD, INDIANAPOLIS,	IN 46268								
**Date Reported to DCS, if Patient under 14 (month, day, year):											
**Date Reported to DCS, if Patient under 14 (month, day, year):											
**Date Reported to DCS, if Patient under 14 (month, day, year):											
**Date Reported to DCS, if Patient under 14 (month, day, year):											
	**Date Reported to Do	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/05/2017

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or	town, of pregnancy t		County of pregnancy termination MARION						
Patient's aga**	nanay tarminati	Education								
29	nancy termination 12/05/2017	Education		ol Diploma or GED						
Race American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White	■ Black or Afric			anic or Latino Hispanic or Latino						
Live Births: Number now living 4		Nu	Number now deceased							
Other Terminations: Number of spontaneous terminations	S	Nu	umber of induced terminations							
Dates of terminations (Do not include this termination. If more 1. 2014 2. 11/09/2013 3.	than six (6), those m	nost recent.)	-	-						
Fetus delivered alive? If yes, length of time fetus survi	ved:	4	Complie	cation(s) of Pregnancy Termination						
Yes No			■ None	☐ Uterine Perforation						
			Hemorrhag	_						
Fetus viable? If viable, medical reason for terr										
☐ Yes ■ No		☐ Infection	☐ Retained Products							
Other (Specify)										
Pathological examination performed? If yes, results:										
Yes No				on of pregnancy result in a maternal death?						
☐ Yes ■ No										
Type of Termination Procedures										
Type of Termination Procedures										
Procedure that Terminated Pregnancy		Additional Proced	lure that Terminated Pr	regnancy						
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol			nsurgical) Mifepriston nsurgical) Misoprostol							
Medical (Nonsurgical) Other (Specify)			nsurgical) Other (Spec							
Medical (Surgical) Suction Curettage		Medical (Sur	gical) Suction Curetta	ge						
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		☐ Medical (Sur	gical) Menstrual Aspi gical) Other (Specify)	ration						
Medical (Surgical) Other (Spectfy)		Medicai (Sui)	gical) Other (Specify)							
For Medical (Surgical) procedures, answer the following questi	on	For Medical (Sura	rical) procedures, answ	ver the following question.						
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No) weeks?	Was the fetus via		ilization age at least 20 weeks?						
If the previous question was answered yes, complete the follow	ing questions.	If the previous que	estion was answered ye	es, complete the following questions.						
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No		Was the fetus giv	ven the best opportunit	ty to survive?						
What was the basis for determination that the pregnant woman				hat the pregnant woman had a condition						
that required the procedure to avert death or serious impairme woman?	nt to the pregnant	that required the woman?	procedure to avert dea	ath or serious impairment to the pregnant						
Date last normal menses began	Physician estimat	te of gestation (in we	peks) Post fe	rtilization age of the fetus (in weeks)						
09/01/2017	mad?	9		7						
How were the gestational age and post fertilization age determine ULTRASOUND	ned?									
Full name of physician performing termination DR. CAITLIN BERNARD										
Address of physician performing termination (number and street	et, city, state, and zip	o code)								
8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268										
<u> </u>										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age** 24	Aarri 	ed □ Yes ■ No	Date of pregn	nancy termina 12/05/2017	tion	Educat	tion		ollege, No Degree		
Race American Indian or Native Hawaiian or	Othe	er Pacific Islander	Asian White	☐ Black or	r Africa	an American	Unknown	■ Not	y anic or Latino Hispanic or Latino		
Live Births:	N	Sumber now living	0				Number now	deceased	0		
Other Terminations:	N	Number of spontaneous	s terminations				Number of induced terminations				
Dates of terminations (.	Do n	ot include this termina	tion. If more t	than six (6), th	hose mo	ost recent.)	5.		6		
Fetus delivered alive?		If yes, length of tin		ved:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■ No						■ None ☐ Uterine Perforation					
Fetus viable?		If viable, medical r	eason for term	nination:		Hemorrhage Cervical Laceration					
☐ Yes ■ No	1							Infection	Retained Products		
								Other (Spe	cify)		
Pathological examination	on	If yes, results:									
performed? ☐ Yes ■ No)						Didt	his terminati	on of pregnancy result in a maternal death		
163								es 🔳 N			
				Type of	Termiı	nation Procedur	es				
Duo and was that Tamping	tod I	Duc am am av		71				Comminated D	ma can an av		
Procedure that Termina	nea r	тедпапсу				Additional Pr	ocedure that T	erminated P	regnancy		
☐ Medical (Nonsurg							(Nonsurgical) (Nonsurgical)				
Medical (Nonsurg							(Nonsurgical)				
■ Medical (Surgical) Suction Curettage											
☐ Medical (Surgical)) Me	nstrual Aspiration					(Surgical) Me	enstrual Aspi	iration		
Medical (Surgical)) Oth	ner (Specify)				☐ Medical	(Surgical) Otl	ner (Specify)			
For Medical (Surgical)	proc	edures, answer the following	lowing questic	on.		For Medical (Surgical) proc	edures, ansv	ver the following question.		
Was the fetus viable o	or hay	ve a post fertilization a	nge at least 20	weeks?		Was the feti	is viable or ha	ve a nost fer	tilization age at least 20 weeks?		
Yes Yes		ve a post tertifization a	ige at least 20	weeks:			res No	ve a post rei	tilization age at least 20 weeks:		
If the previous question	ı was	answered yes, comple	ete the following	ng questions.		If the previou	s question was	answered y	res, complete the following questions.		
Was the fetus siven the	h a h a	at ammontumity to assessi	v.a.9			Was the fets	as given the be	ot ommontumi	itu ta aymiya?		
Yes Yes		st opportunity to survi	ve:				is given the be les \[\] No	st opportun	ity to survive?		
What was the basis for	or det	ermination that the pro	egnant woman	had a conditi	ion	What was th	ne basis for de	termination t	that the pregnant woman had a condition		
that required the proc		e to avert death or serie				that required			ath or serious impairment to the pregnant		
woman?						woman?					
Date last normal mense	es beg	gan		Physician e	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
		/11/2017				7			5		
How were the gestation ULTRASOUND	ial ag	ge and post fertilization	n age determin	ied?							
CETTAGOOND											
Full name of physician performing termination											
Full name of physician DR. CAITLIN BERNA	_	orming termination									
Address of physician p		ming termination (nun	nber and stree	t, city, state, a	and zip	code)					
8590 GEORGETOWN	N RO	AD, INDIANAPOLIS	S, IN 46268								
**Date Reported to 1	**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr	ress GI) - 8590 GEORGETOWN ROAD	INDIANAPOLIS IN ASSES	City or to		ncy termination	County of pre	gnancy termination			
. 7 IN-GEORGETOWN UK (PPC	5., · 0000 GEORGETOWN KUAD	, INDIAINAFULIS, IN, 40208		INDIAN	IAPOLIS		MARION			
Patient's age** M	Iarried	Date of pregnancy term 12/05/201		Educat		gh School Diploma o	r GED			
Race American Indian or Native Hawaiian or		Asian Black White Othe		nn American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Lati	no 🔲 Unknown			
Live Births:	Number now living	2			Number now deceased 0					
Other Terminations:	Number of spontaneous	0			Number of indu	iced terminations				
,	Do not include this termina			,	5.	6.				
Fetus delivered alive? Yes No	If yes, length of tin				- N	Complication(s) of Preg				
Fetus viable? ☐ Yes ■ No	If viable, medical r									
Pathological examination If yes, results:										
performed? ☐ Yes INO Did this termination of pregnancy result in a maternal death? ☐ Yes INO										
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			☐ Medical	(Surgical) Suctive (Surgical) Mens (Surgical) Other	trual Aspiration				
For Medical (Surgical) 1	procedures, answer the following	lowing question.		For Medical ((Surgical) proced	ures, answer the following	g question.			
Was the fetus viable o ☐ Yes ☐ :	r have a post fertilization a No	age at least 20 weeks?			us viable or have Yes No	a post fertilization age at	least 20 weeks?			
If the previous question	was answered yes, comple	ete the following questio	ns.	If the previou	s question was a	nswered yes, complete the	e following questions.			
Was the fetus given th	ne best opportunity to survi No	ve?			us given the best Yes No	opportunity to survive?				
	r determination that the pro edure to avert death or seric					nination that the pregnan o avert death or serious in	t woman had a condition npairment to the pregnant			
Date last normal menses	s began	Physicia	nn estimate	of gestation (i	n weeks)	Post fertilization age of	of the fetus (in weeks)			
How were the restation	09/11/2017 al age and post fertilization	age determined?		13			11			
How were the gestational age and post fertilization age determined? ULTRASOUND										
	Full name of physician performing termination DR. CAITLIN BERNARD									
Address of physician pe	erforming termination (nun I ROAD, INDIANAPOLIS		e, and zip	code)						
**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268			IN, 46268	City or	ity or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
Patient's age** 32	Mai	ried Yes I No	Date of pregn	ancy term 12/05/201		Educa	ition			ollege, No Degree		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	■ Not F	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	3				Numb	Number now deceased 0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	Number of induced terminations 2				
Dates of termination 1. UNKNOWN	s (Do	not include this termin	ation. If more to), those m	ost recent.)		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnand	cy Termination	
☐ Yes ■	No							• 1	None	☐ Uteri	ne Perforation	
								П	Hemorrhage	e □ Cervi	cal Laceration	
Fetus viable?	NT -	If viable, medical	reason for term	ination:					Ü			
☐ Yes ■	Yes I No								nfection	_	ned Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes No								Did this			alt in a maternal death?	
								☐ Yes	s 🔳 No	0		
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsu	ırgica	l) Mifenristone				☐ Medical	(Nonsii	rgical) N	//////////////////////////////////////	e		
☐ Medical (Nonsu	ırgica	l) Misoprostol										
Medical (Nonst	ırgıca	l) Other (Specify)				Medical	(Nonsu	rgicai) C	iner (Speci	ify)		
		uction Curettage							on Curettag			
☐ Medical (Surgio		Menstrual Aspiration Other (Specify)							strual Aspii r (<i>Specif</i> y)	ration		
	1)		11				/G :	1	<u> </u>	.1 6.11		
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questio	n.		For Medical	(Surgica	ıl) procec	lures, answ	er the following que	estion.	
	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion w	as answered yes, compl	lete the following	ng questio	ns.	If the previous question was answered yes, complete the following questions.						
Was the fetus gives Yes		best opportunity to surv	rive?				us giver Yes [_	opportunit	ty to survive?		
What was the basis	s for c	letermination that the pr	regnant woman	had a con	dition	What was t	he basis	for deter	mination th	hat the pregnant wor	nan had a condition	
that required the pr		are to avert death or ser				that require					ment to the pregnant	
woman?						woman?						
Date last normal me		•		Physicia	nn estimat	e of gestation (in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)	
How were the gestat		INKNOWN age and post fertilization	n age determin	ed?		11				9		
ULTRASOUND		-G Post Torunzatio										
Full name of physici	-	rforming termination										
= -	-	orming termination (num		t, city, stat	e, and zip	code)						
0090 GEORGETO	VN F	OAD, INDIANAPOL	13, IN 46268									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_		

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						ty or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION		
D. C. 22 state			D. C			I = -	.··				
33	Aarrie [d Yes • No	Date of pregn	nancy termina 12/05/2017	ntion	Educat	tion		ollege, No Degree		
Race American Indian or Native Hawaiian or	Other	Pacific Islander	Asian White	■ Black o □ Other	or Afric	an American	Unknown	Not I	y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living	2				Number now o		0		
Other Terminations:	N	umber of spontaneou	s terminations 0				Number of ind	uced termi	nations 9		
Dates of terminations (t include this termina 2012	tion. If more t			ost recent.) _{4.} UNKNOWN	5	JNKNOW			
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ved:				Compli	cation(s) of Pregnancy Termination		
Yes No							■ 1	None	☐ Uterine Perforation		
Fetus viable? If viable, medical reason for termination:								☐ Hemorrhage ☐ Cervical Laceration			
☐ Yes ■ No								☐ Infection ☐ Retained Products			
								Other (Spec	cify)		
Pathological examination	on	If yes, results:									
performed? Yes No Did this termination of pregnancy result in a maternal death?									<u> </u>		
l les l No)										
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
						l <u></u>					
Medical (Nonsurg	ical)	Misoprostol				 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 					
Medical (Nonsurg	ical)	Other (Specify)				☐ Medical	(Nonsurgical) (Other (Spec	ify)		
Medical (Surgical)							(Surgical) Suct				
☐ Medical (Surgical) ☐ Medical (Surgical)							(Surgical) Men (Surgical) Othe				
For Medical (Surgical)	proce	dures, answer the fol	lowing question	on.		For Medical ((Surgical) proced	lures, answ	ver the following question.		
Was the fetus viable o		e a post fertilization a	age at least 20	weeks?			us viable or have Yes No	a post fer	tilization age at least 20 weeks?		
If the previous question		answered yes, comple	ete the following	ng questions.		_		nswered y	es, complete the following questions.		
Was the fetus given the		t opportunity to survi	ve?				us given the best	opportuni	ty to survive?		
		inoti 1 1 1		hod - ""	i	_	_	i	hat the magnest server 1 1 2 200		
What was the basis for that required the proc						that required			hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?						woman?					
Date last normal mense	_	an 10/2017		Physician e	estimat	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestation			n age determin	l ned?		y			1		
ULTRASOUND	_	<u>-</u>	<u>-</u>								
Full name of physician DR. CAITLIN BERNA		rming termination									
Address of physician po		-		t, city, state, c	and zip	code)					
3330 GEORGETOWN		, IIIDIAIIAI OLI	-, 114 40200								
**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad THE WOMEN'S MED CENTI INDIANAPOLIS, IN, 46219	ddress ER OF II	NDIANAPOLIS - 1201 N ARI	LINGTON AVE,	City	or town, of pre	gnancy terr			County of pregnancy termination MARION	
Dations, the			Data C			-				
Patient's age** 32	Marri	ied Yes I No		ancy termination 2/08/2017	n Ed	ucation	Hi		ol Diploma or GED	
Race American Indian of Native Hawaiian of	or Oth	er Pacific Islander	Asian White	■ Black or A □ Other	frican America	☐ Un	ıknown	Not H	nic or Latino 🔲 Unknown	
Live Births:	ľ	Number now living	3				per now de		0	
Other Terminations	:: l	Number of spontaneous	s terminations			Numb	er of indu	aced termina	ations 2	
Dates of terminations		not include this termina 2. 2004	ation. If more th	an six (6), those	e most recent.)	 	5		6	
Fetus delivered alive	?	If yes, length of tin	ne fetus survive	ed:				Complica	tion(s) of Pregnancy Termination	
Yes N	lо						■ N	Vone	☐ Uterine Perforation	
					☐ Hemorrhage ☐ Cervical Lacerati					
Fetus viable? Yes N	Jo	If viable, medical r	eason for termi	ination:	☐ Infection ☐ Retained Products					
								Other (Speci		
Pathological examina	ntion	If yes, results:						ottiei (speci	<i>(y)</i>	
performed?	шоп									
■ Yes □ N	No	CHORIONIC VILI	LAE, GESTA	TIONAL SAC			Did this		n of pregnancy result in a maternal death?	
							103			
	Type of Termination Procedures									
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone										
☐ Medical (Nonsur	rgical)	Misoprostol			☐ Medi	ical (Nonsu	ırgical) M	Iisoprostol		
Medical (Nonsur	rgical)	Other (Specify)			∐ Medi	ical (Nonsu	irgical) O	ther (Specif	(y)	
Medical (Surgical		ction Curettage enstrual Aspiration						on Curettag trual Aspira		
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical Medica						ical (Surgic			uion	
For Medical (Surgica	l) proc	cedures, answer the following	lowing question	n.	For Medic	cal (Surgica	al) proced	ures, answe	or the following question.	
Was the fetus viable ☐ Yes ■		we a post fertilization a	nge at least 20 v	weeks?		fetus viabl		a post fertil	lization age at least 20 weeks?	
If the previous question	on was	s answered yes, comple	ete the followin	g questions.	If the prev	vious questi	ion was ar	nswered yes	s, complete the following questions.	
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?			fetus giver		opportunity	to survive?	
	_	termination that the pro	agnost war	had a comditi-				mination 4	at the pregnant woman had a condition	
that required the pro		e to avert death or serie			that requ	uired the pr			h or serious impairment to the pregnant	
woman?					woman?					
Data last mar	1505 L	gan	ī	Dhysisian	note of ac-t-t'	on (in1	a)	Post for	tilization aga of the fature (for mode)	
Date last normal men		gan 9/30/2017		rnysician estii	nate of gestation	m (m weeks	s <i>)</i>	rost tert	tilization age of the fetus (in weeks) 9	
_	How were the gestational age and post fertilization age determined?									
ULTRASOUND EXA	LTRASOUND EXAMINATION, PELVIC EXAMINATION									
Full name of physicia										
DR. JEFFREY D. G Address of physician		ming termination (nun	nber and street,	, city, state, and	zip code)					
1201 N ARLINGTO	N AVE	E, INDIANAPOLIS, I	N 46219							
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):									

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF	S INDIANAPOLIS - 1201 N ARI		City or town, of pregnancy termination INDIANAPOLIS County of pregnancy terminat MARION					on				
Patient's age**	3.4		Date of pregn	nancy termin	ation	Educa	ntion						
33	Marı	ied ■ Yes □ No		12/08/2017		Educa	uion		Asso	ciate Degree			
Race American Indian Native Hawaiian			Asian White	■ Black o	or Afric	an American	Unkno	wn		nnic or Latino Hispanic or Lati	no	☐ Un	known
Live Births:		Number now living	1				Number n	ow de	ceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations 0	i			Number o	of indu	ced termi	nations 2			
Dates of termination	is (Do	not include this termino	ation. If more t			ost recent.)	I	5		6			
Fetus delivered alive	e?	If yes, length of tir						J	Complic	cation(s) of Preg	nancy	Terminati	ion
☐ Yes ■	No				■ None ☐ Uterin						e Perforation	on	
								□ н	emorrhag	e 🗆 (Cervic	al Lacerati	on
Fetus viable? Yes	No	If viable, medical i	reason for term	nination:				□ In	fection	П	Retain	ed Product	:S
								_	ther (Spec	_			
Pathological examin	ation	If yes, results:				_ ~	aner (Spec	997					
performed? ■ Yes □		CHORIONIC VIL	Did this termination of pregnancy result in a materna							mal dooth?			
iii les	110					Yes			resur	i in a mate	mai death?		
Г													
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsu							(Nonsurgic						
Medical (Nonsu Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)					(Nonsurgic						
Medical (Surgional Control of the Control of t	cal) Si	uction Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge			
	cal) M	enstrual Aspiration				☐ Medical	(Surgical)	Menst	rual Aspi				
Wiedlear (Surgi	car) O	ther (specify)				Medical	(Burgicar)	Other	(Бресіду)				
For Medical (Surgic	al) pro	cedures, answer the fol	lowing questic	on.		For Medical	(Surgical) n	rocedi	ires, answ	er the following	nnes	_ tion	
	<i>,</i> 1	ave a post fertilization a	0 1							ilization age at	-		
Yes [■ No						Yes N		- F				
If the previous quest	tion wa	as answered yes, comple	ete the followi	ng questions	8.	If the previou	is question v	was an	iswered ye	es, complete the	follo	wing quest	ions.
	n the b	est opportunity to survi	ive?				us given the Yes		opportunit	y to survive?			
		etermination that the pro-								hat the pregnant			
that required the property woman?	rocedu	re to avert death or seri	ous impairmer	nt to the preg	gnant	that require woman?	d the proced	dure to	avert dea	th or serious im	pairm	ent to the	pregnant
Date last normal me	nses b	egan		Physician	estimate	e of gestation (in weeks)		Post fe	rtilization age o	f the f	etus (in we	eks)
II 3		9/20/2017	• • •			11					9		
_	Iow were the gestational age and post fertilization age determined? LTRASOUND EXAMINATION, PELVIC EXAMINATION												
		<u> </u>											
Full name of physici													
	_	orming termination (num		t, city, state,	and zip	code)							
1201 N ARLINGTO	ON AV	E, INDIANAPOLIS, I	N 46219										
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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	S INDIANAPOLIS - 1201 N ARI	Ci	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION									
Dationt' ++	I _		Data -f		iar-	F1	tion					
Patient's age** 27	Marı	ried Yes No		nancy terminat 12/08/2017	10n	Educa	tion			elor's Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black or ☐ Other	Africa	an American	☐ Unknow			/ anic or Latino Hispanic or Latiı	10	☐ Unknown
Live Births:		Number now living	0				Number no			0		
Other Termination	ıs:	Number of spontaneou					Number of	induced	termi			
Dates of termination	is (Do	not include this termina	ation. If more t	than six (6), the	ose mo	ost recent.)						
1						4	:	5	1:	cation(s) of Preg		Tamination
Fetus delivered alive		If yes, length of tir	ne fetus surviv	red:						_	•	
								None		_		e Perforation
Fetus viable?		If viable, medical r	reason for term	nination:				Hemo	U	_		al Laceration
Yes •	No							Infect	ion	□ R	Retain	ed Products
								Other	(Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	CHORIONIC VIL	С	Did this termination of pregnancy result in a maternal do						in a maternal deat		
							Yes [<u> N</u>	0			
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
_												
Medical (Nonsu Medical (Nonsu							(Nonsurgical (Nonsurgical					
Medical (Nonsu	ırgical	Other (Specify)				☐ Medical	(Nonsurgical) Other	(Spec	ify)		
		action Curettage					(Surgical) Su					
Medical (Surgio		enstrual Aspiration ther (Specify)					(Surgical) M (Surgical) O			ration		
For Medical (Surgic	al) pro	cedures, answer the fol	lowing questic	on.		For Medical (Surgical) pro	cedures,	, answ	er the following	ques	_ tion.
Was the fetus viab	le or h	ave a post fertilization a	age at least 20	weeks?						tilization age at l	-	
☐ Yes [■ No						res No	F				
If the previous quest	ion wa	as answered yes, comple	ete the followi	ng questions.		If the previou	s question wa	is answe	red ye	es, complete the	follo	wing questions.
	n the b	est opportunity to survi	ive?				us given the b	est oppo	ortunit	ty to survive?		
		otomoinati 4l- 4.4	agnert	had 100		_		· * · · · · · · · · · · · · · · · · · ·		hot the	**	on had 111
that required the pr		etermination that the prore to avert death or seri				that require						an had a condition ent to the pregnant
woman?						woman?						
				T.	Į.							
Date last normal me		egan 0/16/2017		Physician es	stimate	e of gestation (i	n weeks)	P	ost fe	rtilization age o	f the f	etus (in weeks)
How were the gestat	ional a	age and post fertilization	n age determin	ned?								
ULTRASOUND EX	LTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of 1		forming to make the										
Full name of physicion DR. JEFFREY D. C												
	-	rming termination (num		t, city, state, a	nd zip	code)						
1201 N ARLINGTO	N AV	E, INDIANAPOLIS, I	N 46219									
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Facility Name and Address THE WOMEN'S MED CENTER O INDIANAPOLIS, IN, 46219		LINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION						
Patient's age** Max	amia d	Date of pregnancy terr	mination	Educat	tion				
16 M	arried ☐ Yes ■ No	12/08/20		Educai	non	9th-12	2th, No Diploma		
Race American Indian or A Native Hawaiian or C		☐ Asian ■ Bla ☐ White ☐ Oth	ck or Africar ner	n American	Unknowr		y vanic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	Number now living	1			Number nov	v deceased	0		
Other Terminations:	Number of spontaneou	s terminations 0			Number of i	nduced term	inations 0		
Dates of terminations (D	o not include this termine	ation. If more than six (6), those mos	t recent.)			-		
I		3	4.		5	Compli	cation(s) of Pregnanc	ay Termination	
Fetus delivered alive? ☐ Yes ■ No	If yes, length of tin	ne ietus survived:				•	_	ne Perforation	
							_		
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	_	cal Laceration	
☐ Yes ■ No						Infection	☐ Retair	ned Products	
						Other (Spe	cify)		
Pathological examination performed?	n If yes, results:								
■ Yes □ No	CHORIONIC VIL	LAE, GESTATIONAL	SAC					lt in a maternal death?	
						Yes 🔳 N	10		
		Tr.	o of T '	ation De 1	200				
Type of Termination Procedures									
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure that T	Terminated P	regnancy		
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic					(Nonsurgical) (Nonsurgical)				
Medical (Nonsurgic					(Nonsurgical)				
Medical (Surgical)					(Surgical) Su				
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) M (Surgical) Ot				
-									
For Medical (Surgical) p	procedures, answer the fol	lowing question		For Medical (Surgical) pro	paduras ansv	ver the following que	stion	
		• .					• •		
was the fetus viable of Yes I N	have a post fertilization No	age at least 20 weeks?			is viable of ha les \square No	ive a post fer	tilization age at least	20 weeks?	
If the previous question	was answered yes, compl	ete the following questi	ons.	If the previou	s question wa	s answered y	res, complete the follo	owing questions.	
Was the fetus given the	e best opportunity to surv	ive?		Was the fetu	is given the b	est opportuni	ity to survive?		
☐ Yes ☐ N					les	11			
	determination that the pr						that the pregnant won		
woman?	dure to avert death or seri	ous impairment to the p	pregnant	woman?	i the procedui	e to avert de	ath or serious impair	nent to the pregnant	
Date last normal menses	began	Physic	ian estimate	of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)	
	UNKNOWN	1		10			8		
C	fow were the gestational age and post fertilization age determined? LTRASOUND EXAMINIATION, PELVIC EXAMINATION								
	,	-							
Full name of physician p	-								
	rforming termination (num		ate, and zip c	ode)					
1201 N ARLINGTON A	AVE, INDIANAPOLIS,	IN 46219							
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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	INDIANAPOLIS MARION						
Patient's age** 36	Marrie [d Yes • No	Date of pregnancy terr 12/08/20		Educat	tion		nelor's Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ Bla☐ White ☐ Oth		an American	Unknown		y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living	3			Number now d	leceased	0		
Other Termination	s: N	umber of spontaneou				Number of ind	uced termi	nations 0		
Dates of termination			ution. If more than six (0			5		6		
Fetus delivered alive		If yes, length of tin			4			cation(s) of Pregnancy Termination		
☐ Yes ■	No	3 / 2		■ None ☐ Uterine Perfo						
				☐ Hemorrhage ☐ Cervical Lacera						
Fetus viable? Yes	No	If viable, medical	reason for termination:				Infection	Retained Products		
					Other (Specify)					
Pathological examin	ation	If yes, results:					outer (spec	- 4077		
performed? Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	Did this termination of pregnancy result in a ma						
	110					☐ Ye				
Г										
			Тур	e of Termi	nation Procedur	es				
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Ter	minated P	regnancy		
Medical (Nonsu					☐ Medical	(Nonsurgical) N	Mifepriston	e		
Medical (Nonsu Medical (Nonsu	irgical) irgical)	Misoprostol Other (<i>Specify</i>)			Medical Medical	(Nonsurgical) M (Nonsurgical) C	Aisoprosto Other (<i>Spec</i>	l rify)		
Medical (Surgional Control Contro	cal) Suc	tion Curettage			Medical	(Surgical) Sucti	ion Curetta	nge		
	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Mens (Surgical) Othe	strual Aspi	ration		
- Wedlear (Sargi	our, our	or (specify)				(Surgicur) Ourc	r (Speetyy)			
For Medical (Surgic	al) proce	edures, answer the fol	lowing question		For Medical (Surgical) proced	lures answ	ver the following question.		
	_		age at least 20 weeks?					tilization age at least 20 weeks?		
	No	e a post terrinzation	age at least 20 weeks:		Was the lett		a post ter	inization age at least 20 weeks:		
			ete the following questi	ons.	-	•	•	es, complete the following questions.		
Was the fetus give ☐ Yes [st opportunity to surv	ive?			as given the best Tes \(\square\) No	opportuni	ty to survive?		
			egnant woman had a co					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	ocedure	to avert death of sen	ous impairment to the p	педнані	woman?	i tile procedure	io avert dea	an of serious impairment to the pregnant		
Date last normal me	_		Physic	ian estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat		20/2017 e and post fertilizatio	n age determined?		7			5		
ULTRASOUND EXAMINATION, PELVIC EXAMINATION										
Full name of physicion DR. JEFFREY D. C	-	-								
Address of physician 1201 N ARLINGTO	_	-	nber and street, city, sta	ite, and zip	code)					
		,								
**Date Reported to DCS, if Patient under 14 (month, day, year):								_		

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF I	NDIANAPOLIS - 1201 N AR	LINGTON AVE,	INDIANAPOLIS MARION					•		
Patient's age**	Marri	ied ■ Yes □ No	Date of pregnancy term 12/08/20		Educa	tion	ш	ligh Scho	ool Diploma or	GED	
Race American Indian Native Hawaiian Live Births:	or Ala	ska Native	Asian Blac Othe	k or African	American		known er now d	Ethnicity Hispa	y anic or Latino Hispanic or Latino		
Other Termination	. I	Number of spontaneou	2 as terminations			Numbe	er of ind	uced termi	0 nations		
Dates of termination			ation. If more than six (6)), those most	recent.)				11		
L. 2015		1	3	4			5	Compli	eation(s) of Pregn	ancy Termination	
Fetus delivered alive		If yes, length of tin	ne letus survivea:				1		_	terine Perforation	
							_	Hemorrhag	_	ervical Laceration	
Fetus viable? Yes I	N _O	If viable, medical	reason for termination:					nfection	_	etained Products	
l les E	INO						_		_	tailled Floducts	
Pathological examin	ation	If yes, results:						Other (Spec	cify)		
performed?			LAE, GESTATIONAL	SAC							
■ Yes □	No	CHORIONIC VIL	SAC			Did this			esult in a maternal death		
		of Terminati	on Procedu	res							
Procedure that Term	inated	Pregnancy		A	dditional Pr	ocedure	that Ter	minated Pr	regnancy		
Medical (Nonsu				[// difepriston			
Medical (Nonsu Medical (Nonsu		Misoprostol Other (Specify)						Aisoprosto Other (Spec			
Medical (Surgional Control Contro	cal) Su	ction Curettage		_F	Medical (Surgical) Suction Curettage						
	cal) Me	enstrual Aspiration			Medical	(Surgica	al) Mens	strual Aspi r (Specify)			
- Wedlear (Surgio	.ui) Ot	ner (speedy)			J Wicalcan	(Burgiet	ii) Otile	г (вресцу)			
For Medical (Surgice	al) pro	cedures, answer the fol	lowing question		or Medical (Surgica	1) proced	lurae aneu	ver the following	question	
	_						_				
	■ No	ive a post fertilization	age at least 20 weeks?			Yes [a post ter	tilization age at le	ast 20 weeks?	
			ete the following question		_	_		•	_	following questions.	
	n the bo	est opportunity to surv	ive?			us given Yes		opportuni	ty to survive?		
			egnant woman had a con ous impairment to the pr	regnant						woman had a condition airment to the pregnant	
Date last normal men	nses be	gan	Physicia	an estimate of	gestation (i	n weeks)	Post fe	ertilization age of	the fetus (in weeks)	
How were the gostat		9/24/2017 ge and post fertilization	n age determined?		9					7	
_		ATION, PELVIC EX	-								
Full name of physici											
Address of physician	n perfoi	rming termination (num	mber and street, city, stat	te, and zip cod	le)						
1201 N ARLINGTO	N AVI	E, INDIANAPOLIS,	IN 46219								
**Date Reported t						_					

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		S INDIANAPOLIS - 1201 N AR		City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termin MARION					·		
Dationt's ass**			Data of re	may to-	otica	F.1.	ation				
Patient's age** 39	Mar	ried Yes No	Date of pregna	ancy termin 2/08/2017		Educ	ation		Mas	ster's Degree	
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black (☐ Other	or Africa	an American		ıknown ber now d	■ Not I	y anic or Latino Hispanic or Latino	Unknown
Live Births:		Number now living	3							0	
Other Termination	s:	Number of spontaneou	s terminations 0				Num	ber of ind	uced termi	nations 3	
Dates of termination 1. 2017	s (Do	not include this termino 2 2017	ation. If more th	an six (6), 1		ost recent.)		5		6	
Fetus delivered alive	?	If yes, length of tir		ed:		*			Complic	cation(s) of Pregnanc	cy Termination
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation
								_ ı	Hemorrhag	e \Box Cervi	cal Laceration
Fetus viable?	NT -	If viable, medical	reason for termi	ination:						_	
☐ Yes ■ I	NO								nfection	_	ned Products
								(Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
■ Yes □	No	CHORIONIC VIL	LAE, GESTAT	TIONAL S.	AC						It in a maternal death?
								☐ Ye	s 🔳 N	0	
				Tuna	f Tomai	nation Desca-1-	Irac				
n 1 -		D.		1 ype o	ı terinir	nation Procedi		.a :=			
Procedure that Term	inated	Pregnancy				Additional F				•	
☐ Medical (Nonsu☐ Medical (Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Non									Mifepriston Misoprostol		
		Other (Specify)							Other (Spec		
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medica	l (Surgio	cal) Sucti	on Curetta	ge	
☐ Medical (Surgion Med		Ienstrual Aspiration ther (Specify)							strual Aspi r (Specify)	ration	
	,	(<i>-</i> r <i>9</i> , <i>y</i>					(~ 8	,	- (~F 95)		
	1)	1 0 0	1				· ·	1		.1 6.11	
		ocedures, answer the fol					_	_		er the following que	
	le or h ■ No	ave a post fertilization	age at least 20 v	weeks?		_	tus viab Yes [_	a post fert	tilization age at least	20 weeks?
If the previous quest	ion wa	as answered yes, compl	ete the followin	g questions	s.	If the previo	us quest	ion was a	nswered y	es, complete the follo	owing questions.
1		pest opportunity to surv		<i>C</i> 1		_	_			ty to survive?	<i>C</i> 1
Yes [ive:				Yes [_	оррогин	ty to survive:	
		etermination that the pr								hat the pregnant wor	
that required the pr woman?	ocedu	re to avert death or seri	ous impairment	t to the preg	gnant	that requir woman?	ed the p	rocedure t	o avert dea	ath or serious impair	ment to the pregnant
Date last normal men	nses h	egan		Physician	estimate	e of gestation	in week	(s)	Post fe	ertilization age of the	fetus (in weeks)
	1	0/04/2017				8		,	2 250 10	6	
_		age and post fertilizatio	-	ed?							
OLIKASUUND EX	JLTRASOUND EXAMINATION, PELVIC EXAMINATION										
Full name of physici	an ne	forming termination									
DR. JEFFREY D. G	-	-									
	-	orming termination (nun		, city, state,	and zip	code)					
IZUI N ARLINGIU	'N AV	L, INDIANAPOLIS, I	114 40Z I 3								
**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/11/2017

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		City or t	own, of pregna			, , ,	ancy termination MARION					
Patient's age** 29	Marri	ed □ Yes ■ No	Date of pregna	ancy termi 12/08/201		Educa	tion		helor's Degree			
Race American Indian Native Hawaiian	or Othe	er Pacific Islander	☐ Asian ☐ White	■ Black		an American		known I Not	ty panic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	1	Number now living	1				Numb	er now deceased	0			
Other Termination	3.	Number of spontaneou	s terminations				Numb	per of induced term				
Dates of termination 1. 2007		ot include this termina 2. 2008	ation. If more th	nan six (6)	, those mo	ost recent.) 4		5	6			
Fetus delivered alive		If yes, length of tin	me fetus survive	ed:				Compl	lication(s) of Pregna	ncy Termination		
☐ Yes ■ I	NO					■ None ☐ Uterine Perforation						
Fetus viable?		If viable, medical	reason for termi	ination:				☐ Hemorrha	ige 🔲 Cer	rvical Laceration		
☐ Yes ■ I	No							☐ Infection	Ret	ained Products		
								Other (Sp	ecify)			
Pathological examin performed?	ation	If yes, results:										
Yes •	No					Did this termination of pregnancy result in a maternal d						
		•										
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsu								rgical) Mifepristo				
Medical (NonsuMedical (Nonsu								rgical) Misoprost rgical) Other (Spe				
Medical (Surgio								al) Suction Curet				
☐ Medical (Surgion Med		enstrual Aspiration her (Specify)						al) Menstrual Asp al) Other (Specify				
For Medical (Surgical	al) proc	edures, answer the fol	llowing question	n.		For Medical ((Surgica	al) procedures, ans	wer the following q	uestion.		
Was the fetus viab ☐ Yes [_	ve a post fertilization	age at least 20 v	weeks?			us viabl Yes [ertilization age at lea	ast 20 weeks?		
If the previous quest	ion was	s answered yes, compl	ete the followin	ng question	ns.	If the previou	ıs questi	ion was answered	yes, complete the fo	ollowing questions.		
Was the fetus given Yes		est opportunity to surv	ive?				us given Yes 🛭	n the best opportur	nity to survive?			
		termination that the pretent to avert death or seri								roman had a condition irrment to the pregnant		
woman?	occur	e to avert death of sen	ious impummen	t to the pre	zgnam	woman?	a the pro	occure to avert a	cam or serious impa	arment to the pregnant		
Date last normal men	nses he	gan		Physicia	n estimate	e of gestation (i	in wook	g) Post	fertilization age of t	he fetus (in wooks)		
	10	/19/2017		•	comman	7		1081	tertifization age of t	· · · · · · · · · · · · · · · · · · ·		
_	Iow were the gestational age and post fertilization age determined? LTRASOUND EXAMINATION											
Full name of physici	_	-										
Address of physician	n perfor	ming termination (num		, city, state	e, and zip	code)						
1201 N ARLINGTO	N AVE	E, INDIANAPOLIS,	IN 46219									
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):											

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THE WOMEN'S MED CENT	acility Name and Address E WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, DIANAPOLIS, IN, 46219 City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION										
INDIANAPOLIS, IN, 46219					INDIAI	MAFULIO	MARION				
Patient's age** 21	Mar	ried No		ancy termination	Educa		igh School Diploma or GED				
Race American Indian Native Hawaiian			Asian White	■ Black or Afr	ican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino	Jnknown			
Live Births:		Number now living	0			Number now d	eceased 0				
Other Termination	s:	Number of spontaneou	s terminations			Number of ind	uced terminations				
		not include this termino					6				
Fetus delivered alive		If yes, length of tir			4.		Complication(s) of Pregnancy Termina				
☐ Yes ■	No					1	None Uterine Perfora	ation			
						— п	Hemorrhage	ation			
Fetus viable? Yes	No	If viable, medical i	reason for term	ination:			nfection				
	INO						_	cts			
D.d. I. i. i.		TC 1/					Other (Specify)				
Pathological examin performed?		If yes, results:									
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL SAC		Did this	s termination of pregnancy result in a ma	ternal death?			
							5 <u>- 140</u>				
Type of Termination Procedures											
Procedure that Term	inated	Pregnancy			Additional P	rocedure that Ter	minated Pregnancy				
☐ Medical (Nonsu	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone										
☐ Medical (Nonsu	ırgical				☐ Medical	(Nonsurgical) N (Nonsurgical) C	Misoprostol (1997)				
iviedicai (Ivonst	iigica) Other (Specify)			Wiedical	(Nonsurgical)	mer (specify)				
					.						
		action Curettage Jenstrual Aspiration				(Surgical) Sucti (Surgical) Mens					
Medical (Surgio						(Surgical) Other					
For Medical (Surgical	al) pro	cedures, answer the fol	lowing questic	n.	For Medical	(Surgical) proceed	ures, answer the following question.				
Was the fetus viab		ave a post fertilization	age at least 20	weeks?		tus viable or have Yes No	a post fertilization age at least 20 weeks	?			
If the previous quest	ion w	as answered yes, comple	ete the following	ng questions.	If the previou	us question was a	nswered yes, complete the following que	stions.			
Was the fetus gives ☐ Yes ☐		pest opportunity to survi	ive?			tus given the best Yes \(\sime\) No	opportunity to survive?				
		etermination that the pr					mination that the pregnant woman had a				
that required the pi woman?	rocedu	re to avert death or seri	ous impairmer	it to the pregnant	woman?	ed the procedure t	o avert death or serious impairment to the	e pregnant			
Date last normal me		-		Physician estim	ate of gestation (in weeks)	Post fertilization age of the fetus (in	weeks)			
How were the cost-t	UNKNOWN 7 5 How were the gestational age and post fertilization age determined?										
		IATION, PELVIC EXA		ca:							
Full name of physici	_	-									
	-	orming termination (num		t, city, state, and z	ip code)						
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/11/2017

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	City or town, of pregnancy termination County of pregnancy termination INDIANAPOLIS MARION											
Dotion4's det			Data : C		nat: -	F-1	atic :-					
Patient's age** 32	Marri	ied □ Yes ■ No	Date of pregn	12/08/2017		Educa	ation	н	igh Scho	ol Diploma or	GED	
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or Latir	10	Unknown
Live Births:]	Number now living	2				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termi	nations 1		
Dates of termination	s (Do n	not include this termina	•	, ,		ost recent.)		5.		6.		
Fetus delivered alive	?	If yes, length of tin				**			Compli	cation(s) of Pregr	nancy '	Termination
☐ Yes ■	No				■ None ☐ Uterine Per							Perforation
								П	Hemorrhag	e ПС	ervica	Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:					nfection	_		d Products
	110							_		_	ctanic	Troducts
Dath alocical aramin	ation	If you moulton						Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:										
■ Yes □	SAC			Did this			result	in a maternal death?				
								<u> </u>	0			
				of Termin	nation Procedu	ıres						
Procedure that Term	inated	Pregnancy		•		Additional P		that Ter	minated P	regnancy		
Medical (Nonsu	ırgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) M	Aifepriston Aisoprosto	1		
Medical (Nonsu	ırgical)	Other (Specify)				☐ Medica	l (Nonsu	rgical) C	Other (Spec	rify)		
Medical (Surgio		ction Curettage enstrual Aspiration							on Curetta strual Aspi			
Medical (Surgio									r (Specify)	ration		
For Medical (Surgic	al) proc	cedures, answer the fol	llowing question	on.		For Medical	(Surgica	l) proced	lures, answ	ver the following	questi	on.
		we a post fertilization	age at least 20	weeks?		For Medical (Surgical) procedures, answer the following question Was the fetus viable or have a post fertilization age at least 20 w						weeks?
	No No	s answered was compl	ata tha fallowi	na quartion		_	_] No	namorod w	os aomnlata tha	follow	ing questions
		s answered yes, completes opportunity to surv		ng question	is.		_			es, complete the	Tollow	ing questions.
	No	est opportunity to surv	ive?					No	opportuni	ty to survive?		
		termination that the pr										n had a condition
woman?	oceaur	re to avert death or seri	ious impairmer	nt to the pre	gnant	woman?	ea the pro	ocedure t	o avert dea	atn or serious im	pairme	nt to the pregnant
Date last normal me		•		Physician	n estimate	e of gestation (in weeks	:)	Post fe	ertilization age of		tus (in weeks)
How were the gestat		9/15/2017	n age determin	ned?		13					11	
How were the gestational age and post fertilization age determined? ULTRASOUND EXAMINATION, PELVIC EXAMINATION												
Full name of physici	LAZE	R										
	-	rming termination (number, INDIANAPOLIS,		t, city, state,	, and zip	code)						
		,										
**Date Reported t	o DCS	S, if Patient under 14	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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THE WOMEN'S MED CENT	cility Name and Address WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, ANAPOLIS, IN, 46219 City or town, of pregnancy termination INDIANAPOLIS MARION									
INDIANAPOLIS, IN, 46219			-		INDIA	NAPULIS	MARION	<u> </u>		
Patient's age** 31	Marr	ied □ Yes ■ No		ancy termination 12/08/2017	Educa	ntion	Master's Degree			
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	☐ Black or Afr	ican American	Unknown	_ 1	Unknown		
Live Births:		Number now living	2			Number now d	0			
Other Terminations	s:	Number of spontaneou	s terminations 0			Number of ind	nced terminations			
		not include this termino				5	6			
Fetus delivered alive	?	If yes, length of tir					Complication(s) of Pregnancy Terr			
						1				
Fetus viable?		If viable, medical r	eason for term	ination:			Iemorrhage			
Yes N	Vо						nfection Retained Pr	oducts		
Pathological examina	ation	If yes, results:					Other (Specify)			
performed? • Yes • 1	No	CHORIONIC VIL	LAE, GESTA	TIONAL SAC		Did this ☐ Yes	termination of pregnancy result in a No	maternal death?		
				Type of Tern	nination Procedu	ires				
Procedure that Termi	nated	Pregnancy			Additional P	rocedure that Ter	minated Pregnancy			
☐ Medical (Nonsur	□ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) □ Medical (Nonsurgical) Other (Specify)									
Medical (Surgical Medical Medical Medical (Surgical Medical Medica	al) M	enstrual Aspiration			☐ Medical	(Surgical) Sucti (Surgical) Mens (Surgical) Other	trual Aspiration			
For Medical (Surgica	ıl) pro	cedures, answer the fol	lowing question	n.	For Medical	(Surgical) proced	ures, answer the following question.			
	e or ha	we a post fertilization a				tus viable or have	a post fertilization age at least 20 we	eks?		
	_	s answered yes, comple	ete the followin	ng questions.			nswered yes, complete the following	questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ive?			tus given the best Yes No	opportunity to survive?			
		termination that the pree to avert death or seri					mination that the pregnant woman hat a vert death or serious impairment to			
Date last normal men	ises be	gan		Physician estima	ate of gestation (in weeks)	Post fertilization age of the fetus	(in weeks)		
	UI	NKNOWN			9	/	7	/		
	Now were the gestational age and post fertilization age determined? LTRASOUND EXAMINATION, PELVIC EXAMINATION									
Full name of physicia DR. JEFFREY D. G	LAZE	:R								
	-	rming termination (num E, INDIANAPOLIS, I		t, city, state, and z	ip code)					
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):									

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Facility Name and Addr THE WOMEN'S MED CENTER (INDIANAPOLIS, IN, 46219		LINGTON AVE,	City or town, of pregnancy termination					•		
Patient's age** M	·	Date of pregnancy term	nination	Educat	tion					
19 M	arried Yes No	12/08/20		Educa		ligh Scho	ool Diploma or GE	D		
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ■ Blace ☐ White ☐ Oth	ck or African . er	American	Unknown	■ Not I	y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	0			Number now o	leceased	0			
Other Terminations:	Number of spontaneou	s terminations 0			Number of inc	luced termi	nations 0			
Dates of terminations (D	Oo not include this termine	,), those most	recent.)						
1		31.	4		5	Complie	cation(s) of Pregnanc	v Termination		
Fetus delivered alive? Yes No	If yes, length of tin	ne retus survived.				•	_			
				■ None ☐ Uterine Perfor						
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	_	cal Laceration		
☐ Yes ■ No						Infection	☐ Retair	ned Products		
						Other (Spec	cify)			
Pathological examination performed?	n If yes, results:									
■ Yes □ No	CHORIONIC VIL	LAE, GESTATIONAL	SAC					lt in a maternal death?		
						s 🔳 N	0			
		_								
Type of Termination Procedures										
Procedure that Terminat	ed Pregnancy		A	Additional Pr	ocedure that Te	rminated Pr	regnancy			
☐ Medical (Nonsurgio					(Nonsurgical) I (Nonsurgical) I					
Medical (Nonsurgio					(Nonsurgical) (
Medical (Surgical)	Suction Curettage		_E] Medical	(Surgical) Suct	ion Curetta	ıge			
	Menstrual Aspiration			Medical	(Surgical) Men (Surgical) Othe	strual Aspi	ration			
	Guier (Specify)			wreateur	(Surgicur) Our	л (Бресцу)				
			_							
	procedures, answer the fol		F	or Medical (Surgical) proce	dures, answ	ver the following que	stion.		
Was the fetus viable on ☐ Yes ■ 1	r have a post fertilization. No	age at least 20 weeks?			as viable or have Yes \text{No}	e a post fert	tilization age at least	20 weeks?		
	was answered yes, compl	ete the following questic	ons If	f the previou	s question was :	answered v	es, complete the follo	owing questions		
•		• •		•	•	•	•	wing questions.		
Was the letus given the	e best opportunity to surv No	ive?			is given the bes les □ No	t opportum	ty to survive?			
What was the basis for	determination that the pr	egnant woman had a co	ndition	What was th	ne basis for dete	rmination t	hat the pregnant won	nan had a condition		
that required the proce- woman?	dure to avert death or seri	ous impairment to the p		that required woman?	d the procedure	to avert dea	ath or serious impairr	ment to the pregnant		
Date last normal menses	s hegan	Physici	an estimate of	f gestation (i	n weeks)	Post fo	ertilization age of the	fetus (in weeks)		
Dute last normal menses	10/30/2017	Thysici	an estimate of	8	n weeks)	T OSC TO	6	ictus (in weeks)		
=	al age and post fertilizatio	=				-				
OLIKASOUND EXAM	LTRASOUND EXAMINATION, PELVIC EXAMINATION									
Full name of physician p	performing termination									
DR. JEFFREY D. GLA	_									
	rforming termination (num		te, and zip co	de)						
1201 N ARLINGTON A	AVE, INDIANAPOLIS,	IN 40∠19								
**Date Reported to D	**Date Reported to DCS, if Patient under 14 (month, day, year):									

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IND	DIANAPOLIS - 1201 N AF	RLINGTON AVE,		City or tow	n, of pregna				County of pregnancy termination MARION
Patient's age** 27	Marrie [d Yes • No	Date of pregn	nancy termin		Educa	tion		Some Co	ellege, No Degree
Race American Indian Native Hawaiian Live Births:	or Other		☐ Asian ☐ White	☐ Black	or African	American		known er now d	Not H	nic or Latino Hispanic or Latino Unknown
	Ni	umber of spontaneou	1 1 se terminations				Numb	er of ind	uced termin	0
Other Termination	15:	•	0				rvaino	er or ma		1
Dates of termination 1. 2006	is (<i>Do no</i> 2.	t include this termin	*	han six (6),		recent.)		5		6
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	ration(s) of Pregnancy Termination
☐ Yes ■ 1	No							1	None	☐ Uterine Perforation
Fetus viable?		If wishle medical	massam fan tamm	ination.				_ I	Hemorrhage	e Cervical Laceration
Yes I	No	If viable, medical	reason for term	iination:				I	Infection	☐ Retained Products
								П	Other (Spec	rify)
Pathological examin	ation	If yes, results:						1	- · · · · · · · · · · · · · · · · · · ·	377
performed?								=		
☐ Yes ■	NO							Did thi		on of pregnancy result in a maternal death?
				Туре	of Terminat	ion Procedu	res			
Procedure that Term	inated Pr	regnancy			A	Additional Pr	ocedure	e that Ter	minated Pr	egnancy
Medical (Nonsu	ırgical) İ	Mifepristone				☐ Medical	(Nonsu	rgical) N	Mifepristone	e
Medical (NonsuMedical (Nonsu	ırgical) l	Misoprostol				Medical	(Nonsu	rgical) N	Misoprostol Other (Speci	
(rvoisse	argivar)	outer (Speedy)			-		(1101154	igivai)	outer (speed	997
	1) 0				_			1) 0		
☐ Medical (Surgion ☐ Medical (Surgion ☐ Medical (Surgion ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	cal) Men	strual Aspiration				■ Medical	(Surgic	al) Mens	ion Curettag strual Aspir	ge ration
☐ Medical (Surgio	cal) Othe	er (Specify)			[☐ Medical	(Surgic	al) Othe	r (Specify)	
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	on.	F	for Medical (Surgica	ıl) proced	dures, answ	er the following question.
Was the fetus viab: ☐ Yes [e a post fertilization	age at least 20	weeks?			us viabl		a post ferti	ilization age at least 20 weeks?
If the previous quest	tion was a	answered yes, comp	lete the following	ng question	s. If	f the previou	s questi	ion was a	nswered ye	es, complete the following questions.
Was the fetus given ☐ Yes [t opportunity to surv	vive?				us given Yes 🗀		opportunit	y to survive?
		rmination that the p								nat the pregnant woman had a condition
that required the pr woman?	rocedure	to avert death or ser	ious impairmen	nt to the pre	gnant	that required woman?	d the pro	ocedure t	to avert dea	th or serious impairment to the pregnant
Date last normal me	nses bega	an		Physician	estimate of	f gestation (i	n weeks	5)	Post fer	rtilization age of the fetus (in weeks)
	UNI	KNOWN				6		,		4
How were the gestat	ied?									
Full name of physici										
Address of physician			mber and street	t, city, state	, and zip co	de)				
1201 N ARLINGTO	ON AVE,	INDIANAPOLIS,	IN 46219							
**D . D	4.									
**Date Reported t	to DCS,	11 Patient under 1	4 (month, day,	year):						-

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/11/2017

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Facility Name and Add THE WOMEN'S MED CENTER INDIANAPOLIS, IN, 46219		IDIANAPOLIS - 1201 N ARI	LINGTON AVE,		City or to	wn, of pregna	ncy term			County of pregna	ncy termination ARION
Patient's age**		, 1	Date of pregna	ancy termin	ation	Educat	tion				
29	Marri 	ed ■ Yes □ No		12/08/2017		Educai	поп		Mas	ter's Degree	
Race American Indian or Native Hawaiian or			Asian White	☐ Black o	or Africar	n American	☐ Unk	nown		nic or Latino Iispanic or Latino	☐ Unknown
Live Births:	N	lumber now living	1				Numbe	er now d	eceased	0	
Other Terminations:	N	lumber of spontaneou	s terminations				Numbe	er of indu	iced termin	nations 0	
Dates of terminations ((Do n	ot include this termina	tion. If more th	han six (6), t	those mos	st recent.)					
1		I	3		4.			5	Complia	ation(s) of Pregnan	av Tamaination
Fetus delivered alive? Yes No)	If yes, length of tin	ne fetus survivo	ed:				_ ,	•	_	
								■ N		_	ine Perforation
Fetus viable?		If viable, medical r	eason for term	ination:				∐ F	Iemorrhage	e ∐ Cerv	rical Laceration
☐ Yes ■ No)								nfection	☐ Reta	ined Products
									Other (Spec	ify)	
Pathological examinati performed?	ion	If yes, results:									
Yes No	0										ult in a maternal death?
								☐ Yes	■ No)	
				Type of	f Termina	ation Procedur	res				
Procedure that Termina	ated F	Pregnancy				Additional Pr	rocedure	that Terr	minated Pr	egnancy	
Medical (Nonsurg									lifepristone	e	
Medical (NonsurgMedical (Nonsurg									lisoprostol ther (<i>Speci</i>	ify)	
Medical (Surgical) Suc	tion Curettage				☐ Medical	(Surgica	l) Sucti	on Curettag	ge	
Medical (Surgical Medical (Surgical) Me	nstrual Aspiration				■ Medical	(Surgica	l) Mens	trual Aspir (Specify)		
in Wiedicai (Burgicai	i) Oii.	ici (specijy)				Wicalcan	(Surgica	i) Ouici	(Specify)		
For Medical (Surgical)) proc	edures, answer the fol	lowing question	on.		For Medical (Surgical) proced	ures, answ	er the following qu	estion.
Was the fetus viable Yes		ve a post fertilization a	age at least 20 v	weeks?			us viable Yes 🔲		a post ferti	ilization age at leas	t 20 weeks?
If the previous question	n was	answered ves comple	ete the followir	ng questions	,	If the previou	s anestic	n was a	nswered ve	s, complete the fol	lowing questions
•				ng questions	,.	•	•		·	-	lowing questions.
Was the letus given t		st opportunity to survi	ve?				us given Yes \square		opportunit	y to survive?	
		ermination that the pro				What was th	ne basis f	for deter	mination th	nat the pregnant wo	man had a condition
that required the proc woman?	cedure	to avert death or serie	ous impairmen	it to the preg	gnant	that required woman?	d the pro	cedure t	o avert dea	th or serious impai	rment to the pregnant
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)											
Dute last normal mensi	-	/23/2017		1 mysician	Commute	6	n weeks)		1 050 101	4	e retus (in weeks)
How were the gestation											
ULTRASOUND EXA	WIINA	TION									
Full name of physician	n perf	orming termination									1
DR. JEFFREY D. GL	_	-									
Address of physician p		-		t, city, state,	and zip c	ode)					
1201 N ARLINGTON	AVE	., INDIANAPOLIS, I	N 40∠19								
**Date Reported to	DCS	, if Patient under 14	(month, day, y	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		NDIANAPOLIS - 1201 N AR	LINGTON AVE,		City or to	own, of pregna	ancy terr			County of pr		termination RION
Dation() ++			Date of		anti	F-1	ntio					
Patient's age** 23	Marri	ed □ Yes ■ No	Date of pregn	12/08/2017		Educa	ation	н	igh Scho	ol Diploma o	or GED	
Race American Indian Native Hawaiian	or Othe	er Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	y anic or Latino Hispanic or Lat	ino	Unknown
Live Births:		Number now living	1					er now d		0		
Other Termination	s: N	Number of spontaneou	s terminations 0				Numb	er of ind	uced termi	nations 0		
Dates of termination		ot include this termin				ost recent.)		_				
Fetus delivered alive		If yes, length of tin				4		5	Complie	cation(s) of Pre	gnancy	Termination
Yes I		in yes, length of the	ine retus sur viv	cu.				■ N	None	П	Uterine	Perforation
					□ Hemorrhage □ Cervical Lacerate							
Fetus viable?		If viable, medical	reason for term	nination:	on:							
☐ Yes ■ 1	No											ed Products
								☐ Other (Specify)				
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC						y result	in a maternal death?
								☐ Yes	s • N	0		
				Tr	ъf Та '	nation D 1	rac.					
				Type o	or Termin	nation Procedu						
Procedure that Term	inated I	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy		
Medical (Nonsu Medical (Nonsu									lifepriston lisoprosto			
Medical (Nonsu									Other (Spec			
Medical (Surgional Control Contro									on Curetta			
☐ Medical (Surgion Med		enstrual Aspiration ner (Specify)							strual Aspi r (<i>Specif</i> y)	ration		
For Medical (Surgic	al) proc	edures, answer the fol	llowing questic	on.		For Medical	(Surgica	1) proced	lurec ancu	er the followir	ng guest	- ion
	e or ha	ve a post fertilization	age at least 20	weeks?		_	_	e or nave No	a post fer	tilization age a	t least 2	U weeks?
If the previous quest	ion was	answered yes, compl	ete the followi	ng questions	s.	If the previous	us questi	on was a	nswered y	es, complete th	e follov	ving questions.
Was the fetus give	n the be	est opportunity to surv	ive?			Was the fer	tus given	the best	opportuni	ty to survive?		
	☐ No							No	11	•		
		termination that the pr										an had a condition
woman?	ocedure	e to avert death or seri	ious impairmei	n to the preg	gnam	woman?	ed the pro	ocedure i	o avert dea	ani or serious ii	шранти	ent to the pregnant
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of									of the fe	etus (in weeks)		
H d		8					6					
How were the gestat ULTRASOUND EX												
		- ,- ==										
Full name of physici	an perfe	orming termination										
DR. JEFFREY D. G	LAZE	R										
	-	ming termination (nun		t, city, state,	, and zip	code)						
**Date Reported t	o DCS	, if Patient under 14	4 (month, day,	year):						_		

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		S FINDIANAPOLIS - 1201 N AR	LINGTON AVE,	С	City or to	own, of pregna	•			County of pregnar	acy termination	
The state of the s			D. C.			l						
Patient's age** 39	Mai	ried Yes I No	Date of pregnan	ncy termina 2/08/2017	ation	Educa	tion	н		ol Diploma or GE	:D	
Race American Indian Native Hawaiian		her Pacific Islander	Asian [White	Black of	or Africa	nn American		known	■ Not I	nnic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	2				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 2		
Dates of termination 1. 2009	s (Do	not include this termina 2. 1998	ation. If more that	n six (6), th	hose mo	ost recent.)		5		6		
Fetus delivered alive		If yes, length of tin	me fetus survived	1:					Complic	cation(s) of Pregnan	cy Termination	
☐ Yes ■ I	No							■ N	None	☐ Uteri	ne Perforation	
								П	Hemorrhag	e ∏ Cerv	ical Laceration	
Fetus viable?	N.	If viable, medical	reason for termina	ation:						_		
☐ Yes ■ I	NO							□ I	nfection	☐ Retai	ned Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	s termination	on of pregnancy resi	alt in a maternal death?	
								☐ Yes	s 🔳 No	o .		
				Type of	Termin	ation Procedu	res					
Procedure that Term	inate	l Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy		
Medical (Nonsu	roica	1) Mifenristone				☐ Medical	(Nonsu	roical) N	//////////////////////////////////////	e		
Medical (Nonsu	ırgica	l) Misoprostol				Medical	(Nonsu	rgical) M	Iisoprostol			
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Spec	ify)		
		uction Curettage							on Curetta			
☐ Medical (Surgion ☐ Medical (Surgion ☐ Medical (Surgion ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Menstrual Aspiration Other (Specify)							strual Aspii r (<i>Specif</i> y)	ration		
	, -	((~8	,	(~F55))			
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing question.			For Medical	(Surgica	ıl) proced	lures, answ	er the following quo	estion.	
Was the fetus viabl ☐ Yes [nave a post fertilization	age at least 20 we	eeks?		_	us viabl Yes 🗀	_	a post fert	ilization age at least	20 weeks?	
If the previous quest	ion w	as answered yes, compl	ete the following	questions.		If the previou	ıs questi	on was a	nswered ye	es, complete the foll	owing questions.	
Was the fetus given ☐ Yes [best opportunity to surv	ive?			_	us given Yes [_	opportunit	y to survive?		
What was the basis	for c	letermination that the pr	egnant woman ha	ad a conditi	ion	What was t	he basis	for deter	mination tl	hat the pregnant wo	man had a condition	
that required the pr		are to avert death or seri				that require					ment to the pregnant	
woman?						woman?						
<u> </u>												
Date last normal men		•	I	Physician e	estimate	of gestation (in weeks	i)	Post fe	rtilization age of the	e fetus (in weeks)	
How were the gestet		age and post fertilization	n age determined	19		7				5		
ULTRASOUND EX		••										
<u> </u>												
Full name of physici DR. JEFFREY D. G	_	rforming termination ER										
	-	orming termination (num		city, state, o	and zip	code)						
1201 N ARLINGTO	N A	/E, INDIANAPOLIS,	IN 46219									
**Date Reported t	o DO	CS, if Patient under 14	4 (month, day, yed	ar):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Dation() ++			Date of	amariti .		l p i	tion					
Patient's age** 20	Marri	ed □ Yes ■ No	Date of pregn	iancy termin 12/08/2017		Educa	tion	Some C	ollege, No Degre	•		
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	☐ Black	or Africa	n American	Unknow	n Not	ty panic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	1	Number now living	0					w deceased	0			
Other Termination	s:	Number of spontaneou	s terminations 0				Number of	induced term	inations 0			
Dates of termination	s (Do n	ot include this termin	•			st recent.)						
Fetus delivered alive	.9	If yes, length of tin			4	•		5	ication(s) of Pregnar	cv Termination		
Yes I		if yes, length of th	me ietus suiviv	eu.				None	_	ine Perforation		
								_	_			
Fetus viable?		If viable, medical	reason for term	nination:	_							
Yes • 1	No						∐ Reta	ined Products				
							☐ Other (Specify)					
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	AC					ult in a maternal death?		
								Yes • N	No .			
					a.m. :	:						
				Type o	of Termin	ation Procedu	res					
Procedure that Term	inated l	Pregnancy				Additional Pr	rocedure that	Terminated I	Pregnancy			
Medical (Nonsu								l) Mifepristo l) Misoprosto				
		Other (Specify)						l) Other (Spe				
Medical (Surgional Control Contro	cal) Su	ction Curettage				☐ Medical	(Surgical) S	uction Curett	age			
☐ Medical (Surgio		enstrual Aspiration						Menstrual Asp Other (Specify				
	,	(<i>-</i> F 3))					(= 11-8-11-)	(~p	,			
E M-di1 (Ci	-1)	. 4	11:				(C:1)	1	4h - £-11			
		edures, answer the fol							wer the following qu			
	le or ha ■ No	ve a post fertilization	age at least 20	weeks?		_	us viable or h Yes 🔲 No		rtilization age at leas	t 20 weeks?		
If the previous quest	ion was	s answered yes, compl	ete the following	ng questions	s.	If the previou	ıs question w	as answered	yes, complete the fol	lowing questions.		
		est opportunity to surv		<i>C</i> 1		_	-		ity to survive?	<i>O</i> 1		
	☐ No	est opportunity to surv	140.				Yes No		ity to survive.			
		termination that the pr								man had a condition		
that required the programmer woman?	ocedur	e to avert death or seri	ious impairmer	nt to the preg	gnant	that require woman?	d the procedu	are to avert de	eath or serious impai	rment to the pregnant		
Date last normal me	nses be	gan		Physician	estimate	of gestation (i	in weeks)	Post f	ertilization age of th	e fetus (in weeks)		
	IKNOWN			7			5	. ,				
_	ge and post fertilization ATION, PELVIC EX	ied?										
OLINASOUND EX												
Full name of physici	an nerf	orming termination										
DR. JEFFREY D. G	LAZE	R										
	-	ming termination (number INDIANAPOLIS,		t, city, state,	and zip o	code)						
.zv. it Alliento I c		_,										
**Date Reported t	o DCS	s, if Patient under 14	4 (month, day,	year):								

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Dotio-4?- 4-4			Date of	mar-t-	ati	n i					
Patient's age** 31	Mai	rried Yes I No	Date of pregnar	ncy termin 2/08/2017		Educa	ition			elor's Degree	
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ☐ White	Black of Other	or Africa	n American		known	■ Not I	nnic or Latino Hispanic or Latino	Unknown
Live Births:		Number now living	2				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 1	
Dates of termination 1. 2013	s (Do	not include this termina	•			st recent.)	I	5		6	
Fetus delivered alive	?	If yes, length of tin	ne fetus survived	d:					Complic	cation(s) of Pregnanc	cy Termination
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation
								П	Hemorrhag	e 🛭 Cervi	cal Laceration
Fetus viable?		If viable, medical	reason for termin	nation:							
☐ Yes ■ I	No							∐ I	nfection	☐ Retai	ned Products
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did this	s termination	on of pregnancy resu	alt in a maternal death?
								☐ Yes	s 🔳 No	o .	
				Type of	f Termin	ation Procedu	res				
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy	
Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e	
Medical (Nonsu	ırgica					Medical	(Nonsu	rgical) N	Aisoprostol Other (Spec		
Wedicai (Noilse	iigica	i) Other (<i>specify</i>)				Wiedicai	(Ivolisu	igicai) C	other (spec	ijy)	
		uction Curettage Menstrual Aspiration							on Curetta		
Medical (Surgio									r (Specify)	ration	
For Medical (Surgical	al) pr	ocedures, answer the following	lowing question.			For Medical	(Surgica	l) proced	lures, answ	er the following que	estion.
	_	nave a post fertilization								ilization age at least	
☐ Yes [□ N)					Yes [No	•	Ü	
If the previous quest	ion w	as answered yes, compl	ete the following	g questions	3.	If the previou	ıs questi	on was a	nswered ye	es, complete the follo	owing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?			_	us given Yes [_	opportunit	ty to survive?	
		letermination that the pr								hat the pregnant wor	
that required the pr woman?	oced	are to avert death or seri	ous impairment	to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)											
Date last normal met		oegan 1 0/02/2017		rnysician	esumate	or gestation (ırı weeks)	Post fe	rtilization age of the	icius (in weeks)
_		age and post fertilization	n age determined	d?					1		
ULTRASOUND EX	AMII	NATION									
DR. JEFFREY D. G	LAZ										
	-	orming termination (num		city, state,	and zip	code)			·		
1201 IN ARLINGTO	'IN A	L, INDIANAFULIS,	114 704 13								
**Date Reported t	o DO	CS, if Patient under 14	4 (month, day, ye	ear):							

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Patient's age**	3.5	. , T	Date of proces	nancy terminat	tion	Educa	tion					
32	Marı	Yes No		12/08/2017	поп	Educa	uon	Ва	chelor's Degr	ee		
Race American Indian Native Hawaiian			Asian White	☐ Black or	Africa	an American	Unknow		city ispanic or Latino ot Hispanic or La		☐ Unkn	own
Live Births:		Number now living	0				Number nov	v deceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations				Number of i	nduced ter	rminations 0			
Dates of termination	is (Do	not include this termina	ition. If more t	than six (6), the	ose mo	ost recent.)			-			
Fetus delivered alive	- 0	If yes, length of tin	3		4	4	5	Comi	plication(s) of Pr	6	v Termination	
Yes •		if yes, length of the	ne retus surviv	reu:				None	¬		ne Perforation	
								Hemorrh			cal Laceration	
Fetus viable?	.,	If viable, medical r	eason for term	nination:								
☐ Yes ■	No							Infectior	_	Retai	ned Products	
Deth-1i1ii	_4:	IC14						Other (S	pecify)			
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	CHORIONIC VILI	LAE, GESTA	TIONAL SA	C				ation of pregnar No	cy resu	lt in a materna	al death?
									110			
				Type of 7	Termin	nation Procedur	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnance												
☐ Medical (Nonsu							(Nonsurgical)					
Medical (Nonsu	ırgical) Misoprostol				Medical	(Nonsurgical)	Misopros	stol			
Medical (Nonst	ırgıcaı	Other (Specify)				Medical	(Nonsurgical)	Otner (S)	ресіfу)			
Medical (Surgio		enstrual Aspiration				Medical	(Surgical) Su (Surgical) M	enstrual A	spiration			
Medical (Surgio	cal) O	ther (Specify)			☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) pro	cedures, answer the fol	lowing question	on.		For Medical ((Surgical) pro	cedures, ar	nswer the follow	ing que	stion.	
Was the fetus viab ☐ Yes [le or h No	ave a post fertilization a	age at least 20	weeks?			us viable or ha	ive a post	fertilization age	at least	20 weeks?	
If the previous quest	ion wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s question wa	s answered	d yes, complete t	he follo	owing question	ns.
	n the b	est opportunity to survi	ive?				us given the b	est opporti	unity to survive?			
		starmination that the	agnant wome:	had a acedisi-	on	_		tarminati-	n that the mace	ant wa	nan had a sac-	dition
that required the pr		etermination that the pro- re to avert death or seri-				that require			n that the pregna death or serious			
woman?						woman?						
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)												
Date last normal me		egan 0/03/2017	of gestation (i	n weeks)	Post	t fertilization ago	e of the 7	retus (in week	(S)			
How were the gestat				I .								
ULTRASOUND EX												
Full name of physici	ian per	forming termination										
DR. JEFFREY D. C	SLAZE	ER .										
	-	rming termination (number INDIANAPOLIS, I		t, city, state, ai	nd zip	code)						
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/11/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

to the matter of real with the first section of the
Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		NDIANAPOLIS - 1201 N AR	LINGTON AVE,		City or to	own, of pregna	ancy term			County of pr		termination (RION)
Dotion4's see			Data : C		not: -	F 1	tio					
Patient's age** 27	Marri	ied □ Yes ■ No	Date of pregn	12/08/2017		Educa	ition	н	_	ol Diploma o	or GED	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Unk		■ Not I	y anic or Latino Hispanic or Lat	tino	Unknown
Live Births:	1	Number now living	2				Numbe	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	s terminations				Numbe	er of ind	uced termi	nations 0		
Dates of termination	s (Do n	not include this termino	•	, ,		ost recent.)	1	5			5	
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	/ed:					Compli	cation(s) of Pre	gnancy	Termination
Yes •	No							■ N	None		Uterine	Perforation
					☐ Hemorrhage ☐ Cervical Laceration:							al Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:	on: ☐ Infection ☐ Retained Products							
									Other (Spec	cify)		
Pathological examin	ation	If yes, results:										
performed?			. 45 05074	TIONAL								
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	AC			Did this			y result	in a maternal death?
							<u> </u>					
				Type o	of Termin	nation Procedu	ires					
Procedure that Term	inated	Pregnancy		71		Additional P		that Ter	minated P	regnancy		
Medical (Nonsu	ırgical)	Misoprostol					(Nonsur	gical) M	lifepriston lisoprosto	1		
Medical (Nonsu	ırgical)	Other (Specify)				☐ Medical	(Nonsur	gical) C	Other (Spec	rify)		
Medical (Surgio									on Curetta			
Medical (Surgio		enstrual Aspiration her (Specify)							strual Aspi r (<i>Specify</i>)	ration		
For Medical (Surgic	al) proc	cedures, answer the fol	llowing questic	on.		For Medical	(Surgical	l) proced	lures, answ	ver the following	ng quest	ion.
		we a post fertilization	age at least 20	weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						0 weeks?
	■ No			<i>.</i> ·		_	Yes 🗌		,	1	C 11	. ,.
		s answered yes, compl		ng question	S.	_	_			_	e follov	ving questions.
	n the bo	est opportunity to surv	ive?					the best No	opportuni	ty to survive?		
		termination that the pr										an had a condition
that required the programmer woman?	ocedur	e to avert death or seri	ious impairmer	nt to the preg	gnant	that require woman?	ed the pro	cedure t	o avert dea	ath or serious in	mpairm	ent to the pregnant
Date last normal me	nses be	gan		Physician	n estimate	e of gestation (in weeks))	Post fe	ertilization age	of the fe	etus (in weeks)
		7		· 	2 250 10		5					
How were the gestat												
ULTRASOUND EX												
Full name of physici	an nerf	forming termination										
DR. JEFFREY D. G	LAZE	R										
	-	ming termination (nune, INDIANAPOLIS, I		t, city, state,	, and zip	code)						
		, JEIO,										
**Date Reported t	to DCS	S, if Patient under 14	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/11/2017

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Facility Name and Ad THE WOMEN'S MED CENTE INDIANAPOLIS, IN, 46219	dress R OF IN	DIANAPOLIS - 1201 N ARI	LINGTON AVE,	City		ancy termination		County of pregnancy termination MARION	
Dationt's **		T	Data -f ::		F-1	ation			
23	Marrie [ed Yes • No		ancy termination 2/08/2017	Educ	ation		elor's Degree	
Race American Indian o Native Hawaiian o	r Othe	r Pacific Islander	Asian White	Black or Af	rican American	Unknown Number now	■ Not I	nnic or Latino Hispanic or Latino	
Live Births:		umber now living	0					0	
Other Terminations:	: N	umber of spontaneous	s terminations 0			Number of ind	luced termin	nations 0	
Dates of terminations				an six (6), those	most recent.)				
Fetus delivered alive?		If yes, length of tin	ae fetus survive	.d.	4	5	Complic	eation(s) of Pregnancy Termination	
Yes No		if yes, length of thi	ne retus survive	u.			_	Uterine Perforation	
Fetus viable?		If viable, medical r	eason for termi	nation:			Hemorrhag	_	
Yes No	0						Infection	☐ Retained Products	
							Other (Spec	rify)	
Pathological examinat performed?	tion	If yes, results:							
Yes N	О	CHORIONIC VILI	LAE, GESTAT	TIONAL SAC		Did thi	s termination	on of pregnancy result in a maternal death?	
						☐ Ye	s 🔳 No)	
				Type of Ter	mination Proced	ures			
Procedure that Termin	nated P	regnancy			Additional I	Procedure that Ter	rminated Pr	regnancy	
Medical (Nonsur						l (Nonsurgical) M			
Medical (Nonsurg					☐ Medica	l (Nonsurgical) M l (Nonsurgical) (Misoprostol Other (<i>Spec</i>	ify)	
Medical (Surgical)	1) C no	tion Curattaga			- — Madias	l (Surgical) Suct	ion Curatta	70	
☐ Medical (Surgica	l) Mei	nstrual Aspiration			☐ Medica	l (Surgical) Men	strual Aspin	ration	
Medical (Surgical	l) Oth	er (Specify)			☐ Medica	l (Surgical) Othe	r (Specify)		
For Medical (Surgical) proce	edures, answer the following	lowing question	1.	For Medical	(Surgical) proceed	dures, answ	er the following question.	
Was the fetus viable ☐ Yes ■		ve a post fertilization a	ige at least 20 v	veeks?		etus viable or have Yes No	e a post fert	ilization age at least 20 weeks?	
If the previous question	on was	answered yes, comple	ete the followin	g questions.	If the previo	ous question was a	answered ye	es, complete the following questions.	
		st opportunity to survi	ve?			etus given the best	t opportunit	y to survive?	
☐ Yes ☐						Yes No			
		ermination that the pro to avert death or serio						hat the pregnant woman had a condition th or serious impairment to the pregnant	
woman?					woman?				
Date last normal mens	_	an /17/2017		Physician estin	nate of gestation	(in weeks)	Post fe	rtilization age of the fetus (in weeks) 5	
How were the gestation			n age determine	ed?	1			5	
ULTRASOUND EXA	_	=	_						
							· · · · · · · · · · · · · · · · · · ·		
Full name of physician DR. JEFFREY D. GL									
Address of physician p		-		city, state, and	zip code)				
		,							
**Date Reported to	DCS,	, if Patient under 14	(month, day, y	ear):				-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR (Addres (PPGI)	S - 8590 GEORGETOWN ROAL), INDIANAPOLIS,	, IN, 46268	City or t		ncy termination		County of pregna	ncy termination
Defined the I		Т	D-ti- C			l mi	4:			
Patient's age** 29	Mai	ried Yes No	Date of pregr	12/05/2017		Educa	tion		ollege, No Degree	9
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black ☐ Other		an American	Unknown	Not I	y anic or Latino Hispanic or Latino	Unknown
Live Births:		Number now living	2				Number now o	leceased	0	
Other Termination	s:	Number of spontaneou	s terminations				Number of inc	luced termi	inations	
Dates of termination	s (Do	not include this termine	ation. If more t			ost recent.)	5		6	
Fetus delivered alive	?	If yes, length of tin				4	5	Compli	cation(s) of Pregnan	cy Termination
☐ Yes ■ 1		12 / 12, 121, 211						None	☐ Uter	ine Perforation
							_	Hemorrhag	re □ Cerv	rical Laceration
Fetus viable?	No	If viable, medical	reason for tern	nination:				Infection	_	ined Products
l les E l	INO								_	med Floducts
Dath alogical ayamin	otion	If yes, results:					_ '	Other (Spec	cify)	
Pathological examination performed?	ation	ii yes, resuits:								
☐ Yes ■	No						Did thi			ult in a maternal death?
							<u> </u>	<u> </u>		
				Туре	of Termi	nation Procedur	res			
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
_										
Medical (Nonsu Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsurgical) I (Nonsurgical) I	Misoprosto	1	
Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spec	cify)	
		uction Curettage Ienstrual Aspiration					(Surgical) Suct (Surgical) Men			
Medical (Surgic							(Surgical) Othe			
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing question	on.		For Medical ((Surgical) proce	dures, answ	ver the following qu	estion.
		nave a post fertilization	age at least 20	weeks?				e a post fer	tilization age at leas	t 20 weeks?
Yes [_	Yes No			
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	ıs.	If the previou	s question was a	answered y	es, complete the fol	lowing questions.
	n the	best opportunity to surv	ive?				us given the bes Yes	t opportuni	ty to survive?	
What was the basis	s for c	etermination that the pr	egnant woman	n had a cond	lition	What was th	ne basis for dete	rmination t	that the pregnant wo	man had a condition
that required the pr woman?	roced	ire to avert death or seri	ous impairme	nt to the pre	gnant	that required woman?	d the procedure	to avert dea	ath or serious impai	rment to the pregnant
						.,, 0				
Date last normal mer	Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)									
Bute last normal mer		0/10/2017		1 Hysician	restimat	8	n weeks)	1 050 10	6	e retus (in weeks)
How were the gestational age and post fertilization age determined? ULTRASOUND										
ULTRASCOND										
Full name of physici	ian pe	rforming termination								
DR. CAITLIN BERI	NAR) ·	, .							
	-	orming termination (nun		t, city, state	, and zip	code)				
**Date Reported t	to DC	CS, if Patient under 14	4 (month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PPIN-GEORGETOWN OR (F	ddress PPGI) -	8590 GEORGETOWN ROAD,	INDIANAPOLIS,	IN, 46268	ity or t	own, of pregna	ncy terminatio	n	County of pregnancy termination MARION		
Patient's age** 38	Marr	ied ☐ Yes ■ No		ancy terminati 12/05/2017	ion	Educat	tion		2th, No Diploma		
Race American Indian of Native Hawaiian of	or Oth	er Pacific Islander	Asian White	☐ Black or ☐ Other	Afric	an American	Unknown	■ Not	y anic or Latino Hispanic or Latino		
Live Births:		Number now living	2				Number now	deceased	0		
Other Terminations	::	Number of spontaneous	terminations				Number of in	duced term	inations 0		
Dates of terminations	(Do	not include this terminat	tion. If more th	han six (6), the	ose m	ost recent.)			<u> </u>		
1		2	3			4	5.		6		
Fetus delivered alive? Yes N		If yes, length of tim	e fetus surviv	ed:				Compli	cation(s) of Pregnancy Termination		
								None	Uterine Perforation		
Fetus viable?		If viable, medical re	eason for term	ination:				Hemorrhag	ge Cervical Laceration		
Yes N	lo	ii viaoie, medicai ie	ason for term	mation.				Infection	☐ Retained Products		
							Ιп	Other (Spe	cify)		
Pathological examina	tion	If yes, results:						()	- 437		
performed?		3 ,									
☐ Yes ■ N	No						Did tl		ion of pregnancy result in a maternal death?		
		'									
				Type of T	Termi	nation Procedur	res				
Drope drope de la Company	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Procedure that Termi	nated	Pregnancy				Additional Pr	ocedure that T	erminated P	regnancy		
Medical (Nonsur Medical (Nonsur							(Nonsurgical) (Nonsurgical)				
Medical (Nonsur							(Nonsurgical)				
Medical (Surgical)	al) Su	action Curettage				☐ Medical	(Surgical) Suc	ction Curetta	nge		
☐ Medical (Surgica	al) M	enstrual Aspiration				☐ Medical	(Surgical) Me	nstrual Asp	iration		
Medical (Surgica	ai) Oi	tner (Specify)				Medical	(Surgical) Oth	ier (<i>Specify)</i>			
For Medical (Surgica	l) pro	cedures, answer the follo	owing questio	n.		For Medical ((Surgical) proc	edures, ansv	ver the following question.		
Was the fetus viable ☐ Yes ■		ave a post fertilization ag	ge at least 20	weeks?			us viable or ha Yes No	ve a post fer	tilization age at least 20 weeks?		
If the previous question	on wa	s answered yes, comple	te the followir	ng questions.		If the previou	s question was	answered y	res, complete the following questions.		
Was the fetus given ☐ Yes ☐		est opportunity to surviv	ve?				us given the be	st opportuni	ity to survive?		
	_	stammination that the	anont	hod c 222-1141	on.	_	_	orminati	that the present weemen had diti-		
that required the pro		etermination that the pre- re to avert death or serio				that required			that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?						woman?					
Date last normal men		-		Physician es	stimate	e of gestation (i	n weeks)	Post fo	ertilization age of the fetus (in weeks)		
How were the gestation		9/01/2017 ge and post fertilization	age determin	ed?		10			8		
ULTRASOUND	(1	g Foot Terrinamion									
Full name of physicia DR. CAITLIN BERN											
	-	rming termination (num		t, city, state, ar	nd zip	code)					
6590 GEORGETOW	VIN K	OAD, INDIANAPOLIS	, IIV 40∠08								
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City (or town, of pregna	ncy termination		ancy termination MARION				
Patient's age** Ma	rried Date of preg	nancy termination	Educa	tion						
Race	☐ Yes ■ No	12/05/2017			Associate Degree Ethnicity					
☐ American Indian or A☐ Native Hawaiian or O		Black or Af	rican American		Hispanic or Latino Not Hispanic or Latino	Unknown				
Live Births:	Number of spontaneous terminations	<u> </u>		Number of induc	0					
Other Terminations: Dates of terminations (Do	o not include this termination. If more		most recent.)		1					
ı. 2009	2		4	5	6					
Fetus delivered alive? Yes No	If yes, length of time fetus surviv	ved:			Complication(s) of Pregna					
				■ No	_	erine Perforation				
Fetus viable?	If viable, medical reason for terr	nination:		He		rvical Laceration				
Yes No				☐ In:	Tection Re	tained Products				
	70			Ot	her (Specify)					
Pathological examination performed?	If yes, results:									
☐ Yes ■ No				Did this	ermination of pregnancy re No	esult in a maternal death?				
		Type of Terr	mination Procedur	res						
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurgica			_	(Nonsurgical) Mi						
Medical (Nonsurgica Medical (Nonsurgica	al) Misoprostol		☐ Medical	(Nonsurgical) Mi (Nonsurgical) Ot	soprostol					
	in caller (opening)			(1 (onsuigioni)	ier (apecigy)					
Medical (Surgical) S	Suction Curettage		- ☐ Medical	(Surgical) Suction	n Curettage					
Medical (Surgical) I Medical (Surgical) I Medical (Surgical) I	Menstrual Aspiration		☐ Medical	(Surgical) Menstr (Surgical) Other	ual Aspiration					
	Outer (Specify)		Medicar	(Surgicar) Other	<i>эресіју)</i>					
For Medical (Surgical) pr	cocedures, answer the following questi	on.	For Medical (Surgical) procedu	res, answer the following o					
, , , ,	have a post fertilization age at least 20				post fertilization age at lea	•				
Yes N		WCCR3:		Yes No	post retrinzation age at lea	ast 20 weeks.				
If the previous question v	was answered yes, complete the follow	ing questions.	If the previou	s question was an	swered yes, complete the fo	ollowing questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best of	pportunity to survive?					
	determination that the pregnant woman				ination that the pregnant w					
that required the proced woman?	lure to avert death or serious impairme	nt to the pregnant	that required woman?	d the procedure to	avert death or serious impa	airment to the pregnant				
Date last normal menses	=	Physician estim	nate of gestation (i	n weeks)	Post fertilization age of t					
	09/30/2017 age and post fertilization age determine	ned?	9			7				
ULTRASOUND	post returnzation age detellini									
Full name of physician pe										
	forming termination (number and street ROAD, INDIANAPOLIS, IN 46268	et, city, state, and	zip code)							
**Date Reported to DO	Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	ess) - 8590 GEORGETOWN ROAD, INDIANA	APOLIS, IN, 46268	City or town, of pregna	ncy termination	County of pregnancy termination MARION						
Dationt's ac-**		f nrooneness to	ution E1	tion							
37	nrried Date o ☐ Yes ■ No	f pregnancy termina 12/05/2017	tion Educa	S	ome College, No Degree						
Race American Indian or A Native Hawaiian or O	other Pacific Islander Whit		or African American	Unknown	Ethnicity ☐ Hispanic or Latino ■ Not Hispanic or Latino ☐ Unknown	l					
Live Births:	Number now living	4		Number now dec							
Other Terminations:	Number of spontaneous termin			Number of induc							
,	l o not include this termination. If	more than six (6), th	hose most recent.)		<u> </u>						
1. 2015	2 3.		4	5	6 Complication(s) of Pregnancy Termination	-					
Fetus delivered alive? Yes No	If yes, length of time fetus	survived:		_							
				■ No.							
Fetus viable?	If viable, medical reason for	or termination:		He	morrhage						
☐ Yes ■ No				☐ Info	ection Retained Products						
				☐ Oth	ner (Specify)						
Pathological examination	If yes, results:										
performed? ☐ Yes ■ No				Did this to	ermination of pregnancy result in a maternal de	ath?					
				☐ Yes	■ No						
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
■ Medical (Nonsurgical) Mifepristone											
Medical (Nonsurgical Medical /li>				(Nonsurgical) Mis (Nonsurgical) Oth							
_											
☐ Madiaal (Cassical)	S			(Ci1)							
	Menstrual Aspiration			(Surgical) Suction (Surgical) Menstra	ual Aspiration						
Medical (Surgical)	Other (Specify)		☐ Medical	(Surgical) Other (Specify)						
For Medical (Surgical) pr	rocedures, answer the following	question.	For Medical (Surgical) procedur	res, answer the following question.						
	have a post fertilization age at le	east 20 weeks?			post fertilization age at least 20 weeks?						
☐ Yes ☐ N		-11		es □ No							
•	was answered yes, complete the f	collowing questions.		•	wered yes, complete the following questions.						
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best op Yes \text{No}	oportunity to survive?						
	determination that the pregnant				ination that the pregnant woman had a condition						
that required the proced woman?	lure to avert death or serious imp	pairment to the pregr	nant that required woman?	the procedure to a	avert death or serious impairment to the pregna	nt					
Date last normal menses	began	Physician e	estimate of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)						
	10/08/2017		8	•,	6						
_	How were the gestational age and post fertilization age determined? ULTRASOUND										
GLINASOUND	·-·············										
Full name of physician po	erforming termination										
DR. CAITLIN BERNAR	D										
1 7 1	forming termination (number and ROAD, INDIANAPOLIS, IN 4)		and zip code)								
USSU GEORGETOWN	NOAD, INDIANAFULIS, IN 4	UZUU									
**Date Reported to Do	CS, if Patient under 14 (month	h, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/12/2017

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION					•		
28	Marr	ied □ Yes ■ No	Date of pregn	ancy terminati 12/05/2017	ion	Educat	tion			elor's Deg	ree	
Race American Indian of Native Hawaiian of	or Oth	er Pacific Islander	Asian White	■ Black or □ Other	Africa	an American	☐ Unkno	own		nic or Latin Iispanic or I		Unknown
Live Births:		Number now living	2				Number r	now de	ceased	0		
Other Terminations:		Number of spontaneous					Number o	of indu	ced termin	nations		
Dates of terminations 01/20/2017	(Do 1	not include this termina	tion. If more th	han six (6), the	ose mo	ost recent.)		5.		1	6.	
Fetus delivered alive?		If yes, length of tin		ed·		*		J	Complic	ation(s) of I	Pregnancy	y Termination
Yes N		in yes, rengan or an	io rotas sarviv					■ No	one	_	1 Uterin	e Perforation
								_			_	
Fetus viable?		If viable, medical r	eason for term	ination:	Hemorrhage Cervical Laceration							al Laceration
☐ Yes ■ N	o				☐ Infection ☐ Retained Products						ed Products	
			Other (Specify)									
Pathological examinat	tion	If yes, results:										
performed?												
☐ Yes ■ N				Di		terminatio No		ncy resul	t in a maternal death?			
				Type of T	Termir	nation Procedur	res					
D 1 4 (T)	. 1	D		71				. T	' . 1D			
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsur ☐ Medical (Nonsur							(Nonsurgic			•		
Medical (Nonsur							(Nonsurgic			fy)		
Medical (SurgicaMedical (Surgica		enstrual Aspiration					(Surgical) (Surgical)					
Medical (Surgica						☐ Medical	(Surgical)	Other	(Specify)			
For Medical (Surgical	l) pro	cedures, answer the foll	owing questio	n.		For Medical ((Surgical) p	orocedu	ires, answ	er the follow	ving ques	 tion.
Was the fetus viable	or ha	ave a post fertilization a	ige at least 20	weeks?		Was the fetu	_					
] No	To a post formulation of	.go ut loust 20	, cons.			Yes \[\] N		. post reru	ugu	at roust z	TO WOOLST
If the previous question	on wa	s answered yes, comple	ete the following	ng questions.		If the previou	s question	was an	swered ye	s, complete	the follo	wing questions.
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?			Was the fett	us given the Yes \[\] \[\]		opportunit	y to survive	?	
		termination that the pre-										an had a condition
that required the pro woman?	cedui	re to avert death or serie	ous impairmen	it to the pregna	ant	that required woman?	d the proced	dure to	avert dea	th or serious	s impairn	nent to the pregnant
Data last seems 1	202 1	agan	П	Dhyai -:-	tim: :	of cont-t' '	m 1122-1-1		Do-t C	+ilicot! -	70 of 41	fotus (in
Date last normal mens		egan 9/17/2017		Physician es	sumate	e of gestation (in	п weeкs)		Post lei	unzation ag	ge of the f	fetus (in weeks)
How were the gestational age and post fertilization age determined?									•			
ULTRASOUND												
Full name of physicia	n per	forming termination										
DR. CAITLIN BERN	ARD											
	-	rming termination (nun DAD, INDIANAPOLIS		t, city, state, ar	nd zip	code)						
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	ddre:	S - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	•		County of pregnancy termination MARION					
[T								
Patient's age** 20	Ma	ried Yes I No	Date of pregnancy term 12/05/20		Educa	tion		ool Diploma or GEI)				
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Othe		can American		Unknown Not	y anic or Latino Hispanic or Latino	Unknown				
Live Births:		Number now living	0			Nui	mber now deceased	0					
Other Termination		Number of spontaneou	0			Nui	mber of induced termi	inations 0					
Dates of termination	s (Do		ation. If more than six (6), those n	nost recent.)								
l	0		3		4		5 Compli	cation(s) of Pregnancy	Termination				
Fetus delivered alive		If yes, length of ti	me fetus survived:					—	Termination				
							■ None	☐ Uterin	e Perforation				
Estus viable?		If viable medical	massan for tarmination.		Hemorrhage Cervical Laceration								
Fetus viable? Yes I	Vo	If viable, medical	reason for termination:		☐ Infection ☐ Retained Products								
	. 10				Innection Retained Floducts								
						Other (Spe	cify)						
Pathological examin performed?	ation	If yes, results:											
Yes •	No					Did this terminati	on of pregnancy resul	t in a maternal death?					
				☐ Yes ■ No									
			Туре	of Term	ination Procedu	res							
Procedure that Term	inate	l Pregnancy			Additional Pr	oced	ure that Terminated P	regnancy					
Medical (Nonsu	ırgica	l) Mifepristone			☐ Medical	(Non	surgical) Mifepristor	ne					
Medical (Nonsu	ırgica	l) Misoprostol				(Non	surgical) Misoprosto	1					
☐ Medical (Nonsu	ırgıca	l) Other (Specify)			Medical	(Non	surgical) Other (Spec	cify)					
Medical (Surgio	al) S	uction Curettage			☐ Medical	Medical (Surgical) Suction Curettage							
	al) N	Ienstrual Aspiration				(Surg	gical) Menstrual Aspi	iration					
☐ Medical (Surgio	ai) (nner (<i>Specify</i>)			Medical	(Surg	gical) Other (Specify)						
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable	le or l	nave a post fertilization	age at least 20 weeks?		Was the fet	us via	able or have a post fer	tilization age at least 2	20 weeks?				
☐ Yes [] N)			_		□ No	C					
If the previous quest	ion w	as answered yes, compl	lete the following question	ons.	If the previou	is que	estion was answered y	es, complete the follow	wing questions.				
Was the fetus given ☐ Yes ☐		best opportunity to surv	vive?				ven the best opportuni No	ty to survive?					
What was the basis	for	etermination that the n	regnant woman had a con	dition	What was t	he ha	sis for determination t	that the pregnant wom	an had a condition				
that required the pr			ious impairment to the pr		that require			ath or serious impairm					
woman?					woman?								
					1								
Date last normal men	nses l	egan	Physicia	an estima	te of gestation (i	in wee	eks) Post fe	ertilization age of the f	etus (in weeks)				
		0/13/2017			7			5					
_	ional	age and post fertilization	on age determined?										
ULTRASOUND													
	_	rforming termination											
DR. CAITLIN BERI			mber and street, city, stat	to and a	n code)								
		OAD, INDIANAPOL		, unu 21 ₁	p coue;								
			· · · · · · · · · · · · · · · · · · ·										
	_												
_			4 (month, day, year):					_					
DATE RECEIVE	ED B	Y ISDH (month, day,	<i>year</i>): 12/12/2017					_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/12/2017

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANAF	POLIS, IN, 46268	or town, of pregna	ncy termination	ty of pregnancy termination MARION				
Patient's age** Ma	DotF	pregnancy terminatio	n Educa	tion					
22 Ma	rried Date of	12/05/2017	ii Educa		gh School Dip	loma or GED			
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White		African American	Unknown	Ethnicity Hispanic or Not Hispani				
Live Births:	Number now living	0		Number now de	ceased	0			
Other Terminations:	Number of spontaneous termina	tions 0		Number of indu	ced terminations	0			
Dates of terminations (De	o not include this termination. If n	nore than six (6), thos	re most recent.)						
1	2		4	5	Complication(s	6 6) of Pregnancy Termination			
Fetus delivered alive? Yes No	If yes, length of time fetus s	urvived:			_	_			
				■ N	one	☐ Uterine Perforation			
Fetus viable?	If viable, medical reason for	termination:		— П	emorrhage	☐ Cervical Laceration			
☐ Yes ■ No				☐ In	fection	☐ Retained Products			
					ther (Specify)				
Pathological examination	If yes, results:								
performed? ☐ Yes ■ No				Did this	termination of n	regnancy result in a maternal death?			
Yes No									
Type of Termination Procedures									
Procedure that Terminate	od Pregnancy		Additional Pt	ocedure that Tern	ninated Pregnanc	·v			
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy [7] Madical (Nanowaical) Missisters									
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical /li>				(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsurgical				(Nonsurgical) O					
Medical (Surgical)	Suction Curettage			(Surgical) Suction					
☐ Medical (Surgical) ☐ Medical (Surgical) ☐	Menstrual Aspiration Other (Specify)			(Surgical) Menst (Surgical) Other					
in incurcus (Surgicus)	oner (speedy)			(Burgicur) Outer	(Specify)				
For Medical (Surgical) pr	rocedures, answer the following qu	iestion.	For Medical	Surgical) procedu	ires, answer the f	following question.			
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at lea	st 20 weeks?		us viable or have Yes No	a post fertilizatio	n age at least 20 weeks?			
				_					
If the previous question v	vas answered yes, complete the fo	llowing questions.	If the previou	s question was an	swered yes, com	plete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best of	opportunity to su	rvive?			
				_	-:				
	determination that the pregnant we lure to avert death or serious impa					pregnant woman had a condition erious impairment to the pregnant			
woman?			woman?						
Date last normal menses	•	Physician esti	mate of gestation (i	n weeks)	Post fertilizati	ion age of the fetus (in weeks)			
	10/12/2017		7			5			
How were the gestational age and post fertilization age determined? JLTRASOUND									
Full name of physician po	erforming termination								
DR. CAITLIN BERNAR	_								
1 7 1	forming termination (number and		l zip code)						
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 46	208							
**Date Reported to Do	CS, if Patient under 14 (month,	day, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/12/2017

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		ort on time as requir					` '				
Facility Name and Ac PPIN-GEORGETOWN OR (F	idress PPGI) -	8590 GEORGETOWN ROAL), INDIANAPOLIS, IN,	, 46268	City or t	town, of pregna	•			County of pregnancy termination MARION	
Patient's age** 16	Mari	ied □ Yes ■ No	Date of pregnan	ncy termina 2/05/2017		Educa	tion		9th-12	th, No Diploma	
Race American Indian	or Otl		Asian [White	Black o	or Afric	an American		known er now d	■ Not l	y anic or Latino Hispanic or Latino	
Live Births:		Number of spontaneou	0 c terminations				Numb	er of indi	uced termi	nations	
Other Terminations	•	•	0	. (6)	.7		rumo	ci oi indi	uccu terrin	0	
Dates of terminations	(Do	not include this termino	ation. If more that	n six (6), t	those m	ost recent.)		5.		6.	
Fetus delivered alive	?	If yes, length of tir		l:					Compli	cation(s) of Pregnancy Termination	
☐ Yes ■ N	lo							■ N	None	☐ Uterine Perforation	
								□ F	Hemorrhag	ge	
Fetus viable? Yes N	lo	If viable, medical	reason for termina	ation:				☐ I	nfection	☐ Retained Products	
									Other (Spe	cify)	
Pathological examina	tion	If yes, results:							outer (Spec	<i>(1)</i>	
performed?		3,									_
☐ Yes ■ N	NO							Did this		on of pregnancy result in a maternal dea o	ith?
				Type of	f Termi	nation Procedu	res				
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated P	regnancy	
Medical (Nonsur									lifepriston		
Medical (Nonsur Medical (Nonsur									Iisoprosto Other (<i>Spec</i>		
Medical (Surgica	al) Su	iction Curettage							on Curetta		_
☐ Medical (Surgica ☐ Medical (Surgica		enstrual Aspiration ther (Specify)							strual Aspi (Specify)		
		. 1						ŕ			
For Medical (Surgica	1) pro	cedures, answer the fol	lowing question.			For Medical	Surgica	l) proced	ures, answ	ver the following question.	
Was the fetus viable	or h	ave a post fertilization				Was the fet	us viable	e or have		tilization age at least 20 weeks?	
Yes _		s answered yes, compl	ete the following	questions	ı	_	Yes _	_	nswered v	es, complete the following questions.	
1		est opportunity to surv		questions	•	•	•		•	ty to survive?	
☐ Yes ☐] No						Yes [No			
		etermination that the pr								hat the pregnant woman had a condition ath or serious impairment to the pregnar	
woman?					,	woman?	F				-
						<u> </u>					
Date last normal men		egan 0/06/2017	I	Physician	estimate	e of gestation (i	n weeks	:)	Post fe	ertilization age of the fetus (in weeks) 7	
How were the gestation		ge and post fertilizatio	n age determined	1?		<u> </u>			1		
ULTRASOUND											
Full name of physicia	ın per	forming termination									
DR. CAITLIN BERN	IARD	-	nher and street	city state	and zin	code)					
= -	_	OAD, INDIANAPOLI		лу, мие,	ана ДР	coue)					
**Date Reported to	DC	S, if Patient under 14	1 (month, day, yed	ar):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/12/2017

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Facility Name and Addre	ess) - 8590 GEORGETOWN ROAI	City or town		•			County of p		y termination		
				INDIANAPOLIS MARION							
21	arried Yes I No	Date of pregnancy term 12/05/201		Educa	tion		Some Col	ege, No D	egree		
Race American Indian or A Native Hawaiian or C	ther Pacific Islander	☐ Asian ☐ Black ☐ White ■ Othe	k or African A r	merican		known	☐ Not Hi	ic or Latino spanic or La		Unknown	
Live Births:	Number now living	0				er now d		0			
Other Terminations:	Number of spontaneou	us terminations 0			Numb	er of ind	uced termina	ntions 0			
Dates of terminations (De		*									
1		3	4			5	Complies			Termination	
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:					•	non(s) or 11			
						■ N		Ш	Uterine	e Perforation	
Fetus viable?	If viable, medical	reason for termination:				☐ F	Hemorrhage		Cervica	al Laceration	
☐ Yes ■ No						☐ I	nfection		Retaine	ed Products	
							Other (Specij	ý)			
Pathological examination	If yes, results:										
performed? Yes • No								of pregnan	cy result	in a maternal death?	
						☐ Yes	s 🔳 No				
			of T ' '	m D 1	**************************************						
		Туре	of Terminatio								
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
■ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol											
Medical (Nonsurgical Medical (Nonsurgical Nonsurgical Nons				Medical	(Nonsui	rgical) C	Other (Specif	v)			
Medical (Surgical)	Suction Curettage		—— I п	Medical	(Surgica	al) Sucti	on Curettage	<u> </u>			
	Menstrual Aspiration			Medical	(Surgica	al) Mens	strual Aspira	tion			
i wedicai (Surgicai)	Office (Specify)			Medical (Surgical) Other (Specify)							
E M-di1 (Ci1)		11		. M - 4:1	Medical (Surgical) procedures, answer the following question.						
For Medical (Surgical) pr		• •									
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization lo	age at least 20 weeks?	V	_	us viable Yes	_	a post fertil	ization age a	at least 2	0 weeks?	
If the previous question v	was answered yes, compl	lete the following question	ns. If t	he previou	s questi	on was a	nswered yes	, complete t	he follov	ving questions.	
Was the fetus given the Yes N	best opportunity to surv lo	rive?	V		us given Yes 🗀		opportunity	to survive?			
		regnant woman had a con								an had a condition	
woman?	lure to avert death or ser	ious impairment to the pro	_	nat require /oman?	a tne pro	ocedure t	o avert deat	or serious	ımpaırm	ent to the pregnant	
Date last normal menses	began	Physicia	n estimate of g	gestation (i	n weeks	:)	Post fert	ilization age	of the f	etus (in weeks)	
	09/27/2017	on age determined?		9					7		
How were the gestational age and post fertilization age determined? JLTRASOUND											
Full name of physician po											
Address of physician per	-		e, and zip code	?)							
8590 GEORGETOWN	KUAD, INDIANAPOL	13, IN 46268									
**Date Reported to Do	**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ade	City or	ty or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION					
30	Mar	ried Yes No	Date of pregn	ancy termi 12/12/201		Educa	tion			llege, No Degree	,
Race American Indian of Native Hawaiian of			Asian White	☐ Black		an American	☐ Un	known		nic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Terminations:		Number of spontaneou	s terminations				Numb	er of indi	uced termir	nations	
Dates of terminations	(Do	not include this termino	ation. If more to	han six (6),	, those m	ost recent.)	ı	5		6	
Fetus delivered alive?		If yes, length of tir	ne fetus surviv	ed:					Complic	ation(s) of Pregnan	cy Termination
☐ Yes ■ No)							■ N	None	☐ Uteri	ne Perforation
								☐ F	Hemorrhage	e 🔲 Cerv	ical Laceration
Fetus viable? ☐ Yes ■ No)	If viable, medical	reason for term	ination:				☐ I	nfection	☐ Retai	ned Products
								_ П (Other (Spec	ify)	
Pathological examinat	ion	If yes, results:]	outer (spee	937	
performed?		,,						=			
Yes N	О							Did this			alt in a maternal death?
											1
				Type	of Termi	nation Procedu	res				
Procedure that Termin	ated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	egnancy	
Medical (Nonsurg	rical) Mifepristone				☐ Medical	(Nonsu	rgical) M	lifepristone	e	
Medical (Nonsurg Medical (Nonsurg	gical) Misoprostol					(Nonsu	rgical) M	Isoprostol other (Speci		
Wiedicai (Nonsurg	gicai) Other (specify)				Wiedicai	(INOIISU	igicai) C	ulei (speci	gy)	
☐ Medical (Surgical ☐ Medical (Surgical		action Curettage Jenstrual Aspiration							on Curettag strual Aspir		
Medical (Surgical	í) O	ther (Specify)							(Specify)		
For Medical (Surgical)) pro	cedures, answer the fol	lowing question	on.		For Medical	(Surgica	ıl) proced	ures, answ	er the following que	estion.
		ave a post fertilization	age at least 20	weeks?					a post ferti	ilization age at least	20 weeks?
Yes If the provious question			ata tha fallowi	m a assastian	•		Yes [_	n arriana d via	a complete the fell	arring arrastions
		as answered yes, compl		ng question	18.		•		•	es, complete the foll	owing questions.
Was the fetus given t		est opportunity to surv	ive?				us giver Yes		opportunit	y to survive?	
		etermination that the pr									man had a condition
that required the proc woman?	cedu	re to avert death or seri	ous impairmen	it to the pre	egnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant
Date last normal mens	es b	egan		Physician	n estimat	e of gestation (in weeks	5)	Post fer	rtilization age of the	e fetus (in weeks)
	U	NKNOWN		·		8				6	, ,
How were the gestatio ULTRASOUND	nal :	age and post fertilizatio	n age determin	ed?							
221101000110											
Full name of physician DR. CAITLIN BERNA	_	-									
		orming termination (nur	nber and street	t, city, state	e, and zip	code)					
8590 GEORGETOW		,			~· <i>P</i>						
**Date Reported to	DC	S, if Patient under 14	1 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/12/2017

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Facility Name and Add PPIN-GEORGETOWN OR (PR	City or t	town, of pregna	•			County of pregna	ncy termination ARION							
<u> </u>						••								
30	Marri	ied □ Yes ■ No	Date of pregn	nancy termi 12/12/201		Educa	tion			llege, No Degree	3			
Race American Indian of Native Hawaiian of			Asian White	■ Black		an American	☐ Ur	ıknown		nic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	1	Number now living	4				Numl	er now d		0				
Other Terminations:	1	Number of spontaneou	s terminations				Numl	per of ind	uced termin	nations 0				
Dates of terminations (not include this termina			, those m	ost recent.)								
Fetus delivered alive?		If yes, length of tin				4		5	Complic	ation(s) of Pregnan	cy Termination			
Yes No)	in yes, longur or the	10100 501 717	-				• N	None	☐ Uter	ine Perforation			
								_ I	Hemorrhage	— e □ Cerv	ical Laceration			
Fetus viable? ☐ Yes ■ No	If viable, medical i	eason for term	nination:					nfection	_	ined Products				
							Other (Spec	_	med Froducts					
Pathological examinati	If yes, results:						Julei (Spec	<i>i</i> (y)						
performed?	22 3 22, 222 222					=								
☐ Yes ■ No		Did this termination of pregnancy result in a maternal de Yes No												
				Туре	of Termi	nation Procedu	res							
Procedure that Termin	ated]	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	egnancy				
Medical (Nonsurg	gical)	Mifepristone				☐ Medical	(Nonsu	rgical) M	//////////////////////////////////////	e				
Medical (NonsurgMedical (Nonsurg									Aisoprostol Other (Speci					
_		. 1				_		,						
Medical (Surgical) Su	ction Curettage				Medical (Surgical) Suction Curettage								
) Me	enstrual Aspiration				☐ Medical	(Surgio	al) Mens	strual Aspir r (Specify)					
Medical (Surgical	.) Ot	ner (<i>Specify</i>)				Medical	(Surgic	ai) Otnei	г (Ѕресіју)					
- M I' 1/0 : 1		1 4 61	1				/G :	1)		4 6 11 '				
For Medical (Surgical)	_							_		er the following qu				
Was the fetus viable ☐ Yes ☐		we a post fertilization a	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at leas	t 20 weeks?			
If the previous question	n was	s answered yes, comple	ete the following	ng questior	ns.	If the previou	ıs quest	ion was a	nswered ye	es, complete the fol	owing questions.			
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ive?				us give Yes [opportunit	y to survive?				
		termination that the pr	eonant women	had a core	dition		_	_	mination th	nat the pregnant wo	man had a condition			
		e to avert death or seri									ment to the pregnant			
woman :						woman:								
Date last normal mens	es he	gan		Physician	n estimate	e of gestation (in week	5)	Post fee	rtilization age of the	e fetus (in weeks)			
UNKNOWN 9 7									,					
How were the gestation ULTRASOUND	nal a	ge and post fertilization	n age determin	ied?										
Full name of physician DR. CAITLIN BERNA	_	Corming termination												
Address of physician p	erfor			t, city, state	e, and zip	code)								
8590 GEORGETOW	N RC	DAD, INDIANAPOLI	S, IN 46268											
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/12/2017

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Facility Name and Addre	ess I) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or to	cy or town, of pregnancy termination County of pregnancy term INDIANAPOLIS MARION						
			<u> </u>							
26	arried Yes No	Date of pregnancy term 12/12/201		Educat	ion		Some Colle	ge, No Deg	ıree	
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe	k or African	American	☐ Unk			or Latino panic or Latin	no 🔲 Unknown	
Live Births:	Number now living	0				er now de		0		
Other Terminations:	Number of spontaneou	s terminations 1			Numbe	er of indu	iced terminati	ions 0		
Dates of terminations (D		•								
Fetus delivered alive? Yes No	If yes, length of tin		4.			5	None	on(s) of Preg	nancy Termination Jerine Perforation	
Fetus viable? Yes No	If viable, medical	reason for termination:				☐ Iı	Hemorrhage Infection Other (Specify)	□ R	Cervical Laceration Actained Products	
Pathological examination performed? Yes No	If yes, results:					Did this		of pregnancy	result in a maternal death	
		Tyne	of Termina	tion Procedur	es					
Procedure that Tames	ad Pragnancy	Туре				that Tar-	mineted Descri	nancy		
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
■ Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgica	d) Mens	on Curettage trual Aspirati (Specify)	on		
For Medical (Surgical) p	rocedures, answer the fo	llowing question.		For Medical (Surgical	l) proced	ures, answer t	the following	question.	
	have a post fertilization	• .		Was the fetu		or have			least 20 weeks?	
If the previous question	was answered yes, compl	ete the following question	ns.	If the previou	s questic	on was ar	nswered yes,	complete the	following questions.	
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	ive?			ıs given Yes 🔲		opportunity to	o survive?		
		regnant woman had a con lous impairment to the pr							woman had a condition pairment to the pregnant	
Date last normal menses	Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)									
	10/09/2017	·		9					7	
How were the gestationa ULTRASOUND	l age and post fertilization	n age determined?								
Full name of physician p										
Address of physician per 8590 GEORGETOWN	=		e, and zip co	ode)						
**Date Reported to D	**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Eacility Name and Addr	· · · · · ·	eu is a Class E	misuem			` ′	mination		County of	nragnana	x termination		
Facility Name and Addre PPIN-GEORGETOWN OR (PPG	ರಾನ I) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN	N, 46268	City of t	town, of pregna	•			County of		y termination RION		
					Γ								
19	arried Yes No	Date of pregnar	ncy termin 2/12/2017		Educa	tion			ollege, No	Degree			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian White	Black Other		an American		nknown	■ Not l	y anic or Latin Hispanic or I		Unknown		
Live Births:	Number now living	0					ber now d		0				
Other Terminations:	Number of spontaneou	0				Num	ber of ind	uced termi	nations 0				
Dates of terminations (D	o not include this termin	ation. If more the	an six (6),	those m	ost recent.)		5			6			
Fetus delivered alive?	If yes, length of tin	me fetus survive	d:					Compli	cation(s) of I	Pregnancy	Termination		
☐ Yes ■ No							■ N	None] Uterino	e Perforation		
T : 110	70 : 11 1: 1	C					- □ F	Hemorrhag	e 🗆] Cervic	al Laceration		
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for termin	nation:					nfection] Retain	ed Products		
								Other (Spe	cify)				
Pathological examination	n If yes, results:						_	- · · · (.	- 357				
performed? ☐ Yes ■ No										ncy resul	in a maternal death?		
							☐ Yes	s 🔳 N	0				
			Туре	of Termi	nation Procedur	res							
Procedure that Terminate	ed Pregnancy				Additional Pr	ocedur	e that Ter	minated P	regnancy				
Medical (Nonsurgic	eal) Mifepristone				☐ Medical	(Nonsı	ırgical) N	//////////////////////////////////////	e				
Medical (NonsurgicMedical (Nonsurgic						(Nonsı	ırgical) M	/lisoprosto	1				
	(-1 - 33)				Medical (Nonsurgical) Other (Specify)								
☐ Medical (Surgical)	Suction Curettage				☐ Medical	(Suroi	cal) Sucti	on Curetta	ge				
	Menstrual Aspiration					(Surgio	cal) Mens	strual Aspi r (<i>Specify</i>)	ration				
iviedicai (Surgicai)	Other (Specify)				Medical	(Surgi	cai) Onie	і (зресіју)					
For Medical (Surgical) p	procedures answer the fo	llowing question			For Medical (Surgic	al) proced	hirec ancu	er the follow	vina anes	 tion		
	have a post fertilization								tilization age				
Yes N	•	age at least 20 W	cons.		\\\ \tag{\tag{1}}		□ No	a post ici	inization age	ut roust 2	o weeks.		
If the previous question	was answered yes, compl	lete the following	g question	ıs.	If the previou	s quest	ion was a	nswered y	es, complete	the follow	wing questions.		
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	rive?			Was the fett	us give Yes [opportuni	ty to survive	?			
	determination that the pr										an had a condition ent to the pregnant		
woman?	dure to avert death or ser	ious impairment	to the pre	gnant	woman?	a uie pi	ocedure t	o aveit de	am of sellou	э шранп	on to the pregnant		
					<u> </u>								
Date last normal menses	began 10/01/2017		Physician	n estimat	e of gestation (i	n week	s)	Post fe	ertilization ag	ge of the f	etus (in weeks)		
How were the gestationa ULTRASOUND	al age and post fertilization	on age determined	d?					1					
Full name of physician p	-												
Address of physician per			city, state	, and zip	code)								
8590 GEORGETOWN	KOAD, INDIANAPOL	i5, IN 46268											
**Date Reported to D	CS, if Patient under 1	4 (month, day, ye	ear):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City of					City or	or town, of pregnancy termination INDIANAPOLIS				County of pregnand	cy termination			
						1 -								
Patient's age** 32	Ma	Tied Yes No	Date of pregn	ancy term 12/12/201		Educa	tion			elor's Degree				
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Blac Othe		an American	☐ Un	known		nnic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	1				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6,), those m	ost recent.)				0				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■ I	No								None	☐ Uterin	e Perforation			
								□ I	Hemorrhag	e 🔲 Cervi	cal Laceration			
Fetus viable? Yes I	No.	If viable, medical	reason for term	ination:				Пі	nfection	□ Retair	ned Products			
	NO							_			led Froducts			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did this	s termination	on of pregnancy resu	It in a maternal death?			
								☐ Yes	s 🔳 No)				
				Туре	of Termi	nation Procedu	res							
Procedure that Term	inate	1 Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy				
		•								•				
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol					
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Spec	ify)				
— Medical (Surgio	al) S	Suction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge				
☐ Medical (Surgion)	al) N	Menstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration				
Medical (Surgio	cal) (other (Specify)				☐ Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	stion.			
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?			
☐ Yes [C				Yes [_	1	Č				
If the previous quest	ion w	as answered yes, compl	lete the following	ng questio	ns.	If the previou	ıs questi	on was a	nswered ye	es, complete the follo	wing questions.			
Was the fetus give	n the	best opportunity to surv	rive?			Was the fet	us oiver	the best	opportunit	y to survive?				
Yes [.,				Yes [_	Spportuill	o sarvivo:				
What was the basis	for c	letermination that the pr	regnant woman	had a con	dition	What was t	he basis	for deter	mination tl	hat the pregnant won	nan had a condition			
that required the pr		are to avert death or ser				that require				th or serious impairs				
woman?						woman?								
						1								
Date last normal men	Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)													
10/20/2017 9 How were the gestational age and post fertilization age determined?										7				
ULTRASOUND	wiidl	age and post retuitzatio	n age acteriiiii	ou:										
Full name of physici	an ne	rforming termination												
DR. CAITLIN BERI	-	•												
	_	orming termination (num		t, city, stat	e, and zip	code)								
8590 GEORGETO	NN F	ROAD, INDIANAPOL	IS, IN 46268											
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION						
	_										
22	Mar	ried Da		cy termination /08/2017	Educa	Hiç		l Diploma or GED			
Race American Indian o Native Hawaiian o		_	=	Black or Afric	can American			iic or Latino 🔲 Unknown			
Live Births:		Number now living	0			Number now dec	ceased	0			
Other Terminations:		Number of spontaneous te				Number of induc	ced termina	ations			
Dates of terminations	(Do	not include this terminatio	n. If more thai	n six (6), those n	nost recent.)			0			
1		2	3		4	5		6			
Fetus delivered alive?		If yes, length of time t	etus survived:	:			Complica	tion(s) of Pregnancy Termination			
☐ Yes ■ No	0					■ No	one	☐ Uterine Perforation			
					☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable?		If viable, medical reas	on for termina	ation:							
☐ Yes ■ No	О				☐ Infection ☐ Retained Products						
						☐ Ot	ther (Specif	(5))			
Pathological examinat	tion	If yes, results:									
performed? ☐ Yes ■ N	·										
l les l N	O					Did this t	termination No	n of pregnancy result in a maternal death?			
						•					
				Т Т	:						
				Type of Term	ination Procedu	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurg						(Nonsurgical) Mi					
Medical (NonsurgerMedical (Nonsurger						(Nonsurgical) Mi		iv)			
wedicar (1 tonsur)	gicai) Other (Speetyy)			☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgica						(Surgical) Suction					
☐ Medical (Surgica ☐ Medical (Surgica		(enstrual Aspiration ther (Specify)			☐ Medical ☐ Medical	(Surgical) Menstr (Surgical) Other	rual Aspira (<i>Specif</i> v)	tion			
	, -	(-1, -35)				()	(-r - 35)				
For Medical (Surgical) pro	cedures, answer the follow	ing question.		For Medical	(Surgical) procedu	res, answer	r the following question.			
Was the fetus viable	or h	ave a post fertilization age	at least 20 we	eks?	Was the fet	us viable or have a	post fertil	ization age at least 20 weeks?			
☐ Yes ☐	No					Yes No					
If the previous question	n wa	as answered yes, complete	the following	questions.	If the previou	is question was ans	swered yes	, complete the following questions.			
Was the fetus given	the h	est opportunity to survive	,		Was the fet	us given the best o	pportunity	to survive?			
☐ Yes ☐						Yes No	. F.F				
What was the basis f	for d	etermination that the pregn	ant woman ha	d a condition	What was the	he basis for determ	nination tha	at the pregnant woman had a condition			
that required the pro- woman?	cedu	re to avert death or serious	impairment to	o the pregnant	that require woman?	d the procedure to	avert death	n or serious impairment to the pregnant			
woman:					woman:						
					1						
Date last normal mens	ses b	egan	F	Physician estima	te of gestation (i	in weeks)	Post fert	ilization age of the fetus (in weeks)			
		0/13/2017			7			5			
=	How were the gestational age and post fertilization age determined? ULTRASOUND										
ULTRASCOND											
Full name of physician DR. CAROL DELLIN	_	_									
		orming termination (numbe	r and street. c	ity, state. and 7i	p code)						
	_	IDIANAPOLIS, IN 4622			,						
**Deta Damant-1	**Date Reported to DCS, if Patient under 14 (month, day, year):										
Date Reported to	טע	5 , п гапен under 14 (<i>n</i>	юнін, аау, уес	ur)							

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Facility Name and Addr PPIN-GEORGETOWN OR (PPG	ress 5i) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or town,		ncy termination	County of pregnancy termination MARION				
<u> </u>			l .	•						
19	arried ☐ Yes ■ No	Date of pregnancy term 12/08/20		Educati	ion		th, No Diploma			
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blace ■ White ☐ Other	ek or African Am	nerican	☐ Unknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	0			Number now d	leceased	0			
Other Terminations:	Number of spontaneou	is terminations			Number of ind	uced termin	nations 0			
Dates of terminations (L	Oo not include this termin	ation. If more than six (6), those most rec	cent.)			<u> </u>			
1		3	4		5	Complie	cation(s) of Pregnanc	y Termination		
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:				•	_			
							_	ne Perforation		
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration						
☐ Yes ■ No						Infection	☐ Retair	ned Products		
						Other (Spec	cify)			
Pathological examinatio performed?	If yes, results:									
Yes No								It in a maternal death?		
					☐ Ye	s 🔳 No	0			
Type of Termination Procedures										
D 1 1 1 T	1.0	Турс				10				
Procedure that Terminat					ocedure that Ter		•			
Medical (NonsurgionMedical (Nonsurgion					Nonsurgical) Nonsurgical) N					
Medical (Nonsurgio					Nonsurgical) (
Medical (Surgical)					(Surgical) Sucti					
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)				Surgical) Men Surgical) Othe		ration			
For Medical (Surgical) p	procedures, answer the fo	llowing question.		Medical (S	Surgical) proced	dures, answ	er the following ques	 stion.		
	r have a post fertilization			Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes 1					es No	- F				
If the previous question	was answered yes, comp	lete the following question	ons. If the	e previous	question was a	inswered ye	es, complete the follo	wing questions.		
Was the fetus given the	e best opportunity to surv	rive?	Wa		s given the best	opportunit	ty to survive?			
				_	_					
	determination that the particular determination that the particular determination services are determinated as the particular determination that the particular determination determination determination that the particular determination determ						hat the pregnant won th or serious impairs			
woman?			wo	oman?						
		T								
Date last normal menses	s began 10/15/2017	Physici	an estimate of ge	estation (in	ı weeks)	Post fe	rtilization age of the 5	tetus (in weeks)		
=	al age and post fertilization	on age determined?								
ULTRASOUND										
F-11 C 1 1 1										
Full name of physician p	-									
	rforming termination (nu		te, and zip code))						
200 S. MERIDIAN ST,	INDIANAPOLIS, IN 46	5225								
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year):								

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Facility Name and Addre	City or to	own, of pregna	ncy termina	ntion	County of pregnancy termination MARION					
Dationt's access		Data of macana: t-	ination	D4	ion					
21	arried No Yes No	Date of pregnancy term. 12/08/201		Educat	10n		th, No Diploma			
Race American Indian or A Native Hawaiian or C	ther Pacific Islander	Asian Black White Othe		n American	Unknov	wn Not I	/ anic or Latino Hispanic or Latino ☐ Unknown			
Live Births:	Number now living	0			Number n	ow deceased	0			
Other Terminations:	Number of spontaneou				Number o	f induced termi				
Dates of terminations (De 07/06/2015	o not include this termina	ation. If more than six (6)), those mo	st recent.)		5	-			
Fetus delivered alive?	If yes, length of tim		4.	-		Complic	cation(s) of Pregnancy Termination			
Yes No	in yes, rengen or an	no retus sur vivedi			l r	■ None	☐ Uterine Perforation			
						☐ Hemorrhag	_			
Fetus viable?	If viable, medical r	reason for termination:				_				
☐ Yes ■ No					l L	Infection	☐ Retained Products			
						Other (Spec	cify)			
Pathological examination performed?	If yes, results:									
Yes No				Did this termination of pregnancy result in a maternal de						
						Yes • No	0			
Type of Termination Procedures										
.	1.0	Туре								
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure tha	t Terminated Pr	regnancy			
Medical (Nonsurgical Medical (Nonsurgical Nonsurgical Nons						al) Mifepriston al) Misoprostol				
Medical (Nonsurgical				Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage			☐ Medical	(Surgical)	Suction Curetta	ge			
	Menstrual Aspiration			Medical	(Surgical)	Menstrual Aspir Other (Specify)				
	Other (Specify)			interior (ourgious) outer (opecigy)						
For Medical (Surgical) pr	rocedures answer the follower	lowing question		For Medical (Surgical) n	rocedures answ	ver the following question			
				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viable or Yes N	have a post fertilization a No	age at least 20 weeks?			is viable or les \square N		ilization age at least 20 weeks?			
If the previous question v	was answered yes, comple	ete the following question	ns.	If the previou	s question v	was answered ye	es, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survi	ive?			is given the Yes \[\] N	best opportunit	ty to survive?			
	determination that the pro						hat the pregnant woman had a condition			
that required the proced woman?	lure to avert death or serie	ous impairment to the pro-	egnant	that required woman?	d the proced	lure to avert dea	ath or serious impairment to the pregnant			
· · · · · · · · · · · · · · · · · · ·										
Date last normal menses	began	Physicia	n estimate	of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)			
	10/06/2017			9			7			
How were the gestational ULTRASOUND	age and post fertilization	n age determined?								
22										
Full name of physician p	-									
DR. CAROL DELLING Address of physician per		nber and street, city, stat	e, and zip o	code)						
200 S. MERIDIAN ST,	=									
**Date Reported to De	CS, if Patient under 14	(month, day, year):					_			

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DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

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Facility Name and Addre	SSS) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City or	r town, of pregnar	ncy termination APOLIS	County of pregnancy termination MARION				
	arred	nancy termination	Educati		out doub No Et 1				
Race American Indian or A Native Hawaiian or O	alaska Native	■ Black or Afri		E	9th-12th, No Diploma Ethnicity Hispanic or Latino Not Hispanic or Latino Unknowsed	own			
Live Births:	2				0				
Other Terminations:	Number of spontaneous terminations 0			Number of induce	d terminations 0				
Dates of terminations (Do	o not include this termination. If more a	than six (6), those r	nost recent.)	£	4				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus surviv	ved:	4.	■ Non	<u> </u>				
Fetus viable? ☐ Yes ■ No	If viable, medical reason for term	nination:		☐ Infe	norrhage				
Pathological examination performed? Yes No Did this termination of pregnancy result in Yes No									
		Type of Term	nination Procedure	es					
Procedure that Terminate	ed Pregnancy		Additional Pro	ocedure that Termin	nated Pregnancy				
Medical (Nonsurgical Medical	al) Misoprostol		 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 						
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
For Medical (Surgical) pr	rocedures, answer the following question		For Medical (S	Surgical) procedure	es, answer the following question.				
	have a post fertilization age at least 20		Was the fetu	0 /1	post fertilization age at least 20 weeks?				
	was answered yes, complete the following	ing questions.		_	wered yes, complete the following question	S.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			s given the best op	portunity to survive?				
	determination that the pregnant woman lure to avert death or serious impairme				nation that the pregnant woman had a cond vert death or serious impairment to the pre				
Date last normal menses	hegan	Physician estima	ate of gestation (in	1 weeks)	Post fertilization age of the fetus (in week.	c)			
	10/15/2017	1 11,51Ciaii Csuille	8	cenaj	6	· /			
How were the gestational ULTRASOUND	l age and post fertilization age determin	ned?							
Full name of physician po	=								
	forming termination (number and stree	et, city, state, and zi	ip code)						
200 S. WERIDIAN SI, I	INDIANAPOLIS, IN 46225								
**Date Reported to DO	CS, if Patient under 14 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

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Facility Name and Addre	ess I) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or town		ncy termination		County of pregnancy termination MARION			
			<u> </u>				<u> </u>			
26	arried Yes No	Date of pregnancy terr 12/08/20		Educat			ool Diploma or GE	D		
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Bla ☐ White ☐ Oth	ck or African A er	merican	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	2			Number now o	deceased	0			
Other Terminations:	Number of spontaneou	as terminations			Number of inc	luced termi	nations 0			
Dates of terminations (D	l Oo not include this termin	ation. If more than six (6	6), those most re	ecent.)						
1	1	3	4		5		6			
Fetus delivered alive? ☐ Yes ■ No	If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
						None	☐ Uterir	ne Perforation		
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	ge 🗌 Cervie	cal Laceration		
☐ Yes ■ No						Infection	☐ Retain	ned Products		
						Other (Spec	cify)			
Pathological examination	n If yes, results:									
performed?										
Yes No					Did thi			It in a maternal death?		
		Тур	e of Terminatio	n Procedur	es					
Procedure that Terminate	ed Pregnancy				ocedure that Te	rminated Pr	regnancy			
	•									
Medical (NonsurgicMedical (Nonsurgic	al) Misoprostol			Medical	(Nonsurgical) I (Nonsurgical) I	Misoprosto	1			
☐ Medical (Nonsurgic	cal) Other (Specify)			Medical	(Nonsurgical) (Other (Spec	rify)			
Medical (Surgical)			<u>-</u> -		(Surgical) Suct					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Men (Surgical) Othe					
	1 327									
			_					_		
For Medical (Surgical) p	rocedures, answer the fo	llowing question.	For	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization	age at least 20 weeks?	V	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
		lata tha fallowing avasti	one If t	_			as sommlete the fello	wing quartians		
If the previous question		• •		•	•	•	es, complete the follo	owing questions.		
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv Vo	rive?	V		us given the best tes No	t opportuni	ty to survive?			
What was the basis for	determination that the pr	regnant woman had a co	ndition V	What was th	e basis for dete	rmination f	hat the pregnant won	an had a condition		
that required the proceed	dure to avert death or seri		regnant th	hat required			ath or serious impairr			
woman?			W	voman?						
			_							
Date last normal menses	•	Physici	an estimate of g	-	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestationa	10/17/2017 If age and post fertilization	on age determined?		10			8			
ULTRASOUND										
Full name of physician p	-									
DR. CAROL DELLING Address of physician per		mhar and streat situ str	to and sin and	2)						
200 S. MERIDIAN ST,	-		ле, ини хір соав	=/						
<u> </u>	·									
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or t	or town, of pregnancy termination County o INDIANAPOLIS				County of pre	gnancy MAR	
Patient's age** 33	Marri	ed □ Yes ■ No	Date of pregr	nancy term 12/08/20		Educa	ation	,		ollege, No Deç	jree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Unkno	own		, nnic or Latino Hispanic or Latin	no	☐ Unknown
Live Births:	1	Number now living					Number n			0		
Other Termination	s:	Number of spontaneou					Number o	of indu	ced termi			
Dates of termination		ot include this termin 2. UNKNOWN	ation. If more t	han six (6), those me	ost recent.)		5.		6.		
Fetus delivered alive	 e?	If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Preg	nancy	Termination
☐ Yes ■	No				■ None ☐ Uterine Perforation						Perforation	
								Пн	emorrhag	е П (Cervica	l Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:					fection	_		d Products
										_	cetanie	d i roducts
Pathological examination								□ 0	ther (Spec	cify)		
Pathological examin performed?												
☐ Yes ■ No							Di		terminatio		result	in a maternal death?
				_ res	E N)						
				Туре	e of Termin	nation Procedu	res					
Procedure that Term	inated l	Pregnancy				Additional P		at Tern	ninated De	regnancy		
Procedure that Terminated Pregnancy												
Medical (Nonsu	ırgical)	Misoprostol				☐ Medical	(Nonsurgic (Nonsurgic	cal) M	isoprostol			
Medical (Nonsu	ırgical)	Other (Specify)				Medical (Nonsurgical) Other (Specify)						
Medical (Surgio							(Surgical)					
☐ Medical (Surgion Med		enstrual Aspiration her (Specify)					(Surgical) (Surgical)			ration		
For Medical (Surgical	al) proc	edures, answer the fo	llowing question	on.		For Medical	(Surgical) p	procedu	ıres, answ	er the following	g questi	on.
		ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?) weeks?
	■ No	s answered yes, comp	lete the followi	ng anestia	ons	_	Yes \[\] N		swered ve	es, complete the	follow	ing questions
		est opportunity to surv		ng questro			_		-	y to survive?	10110 !!	mg questions:
☐ Yes [☐ No	•					Yes \[\] N					
		termination that the pre-										n had a condition ent to the pregnant
woman?	ocedui	e to avert death of ser	ious impairmei	it to the pi	regnam	woman?	d the procee	dure to	avert dea	iui oi serious iii	рантис	in to the pregnant
Date last normal me		gan // 24/2017		Physicia	an estimate	e of gestation (in weeks)		Post fe	rtilization age o	f the fe	etus (in weeks)
How were the gestat		ge and post fertilization	on age determin	led?		10			1		<u> </u>	
ULTRASOUND												
Full name of physici DR. CAROL DELL	INGER	1										
	-	ming termination (nu		t, city, stai	te, and zip	code)						
**Date Reported t	to DCS	s, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

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Facility Name and Adeppin-georgetown or (Pi	dress PGI) - 8	8590 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268	City or t		ncy termination	County of pregnancy termination MARION			
			-			T = -					
26	Marri	ed □ Yes ■ No	Date of pregn	nancy termina 12/08/2017	ation	Educa			ool Diploma or GED		
Race American Indian of Native Hawaiian of	r Oth	er Pacific Islander	Asian White	☐ Black o	or Afric	an American	Unknown	■ Not I	y anic or Latino Hispanic or Latino		
Live Births:	ľ	Number now living	2				Number now d		1		
Other Terminations:	1	Number of spontaneou	s terminations				Number of ind	uced termi	nations 0		
Dates of terminations	(Do n	ot include this termina	tion. If more t	than six (6), th	hose me	ost recent.)	5		6		
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ved:				Complie	cation(s) of Pregnancy Termination		
☐ Yes ■ No	O						1	None	☐ Uterine Perforation		
					☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable?		If viable, medical r	eason for term	nination:							
Yes No								nfection	☐ Retained Products		
								Other (Spec	cify)		
Pathological examinat performed?	ion	If yes, results:									
Yes No						Did this termination of pregnancy result in a maternal de					
								s 🔳 N			
				Type of	Termi	nation Procedur	res				
Procedure that Termin	ated l	Pregnancy				Additional Pr	ocedure that Ter	minated Pr	regnancy		
Medical (Nonsurg	pical)	Mifepristone				☐ Medical	(Nonsurgical) N	//////////////////////////////////////	ne e		
Medical (Nonsurge	gical)	Misoprostol				 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 					
Medical (Nonsurg	gicai)	Otner (Specify)				Medical	(Nonsurgical) C	otner (Spec	rty)		
Medical (Surgical							(Surgical) Sucti				
Medical (Surgical		enstrual Aspiration ner (Specify)					(Surgical) Mens (Surgical) Othe				
For Medical (Surgical)) proc	edures, answer the fol	lowing questic	on.		For Medical ((Surgical) proced	lures, answ	ver the following question.		
Was the fetus viable	or ha	ve a post fertilization a	nge at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?					
Yes		vo u post rerembuton t	.go at 10agt 20	Weeks.			Yes No	a post rer	and ago at roust 20 words.		
If the previous questio	n was	answered yes, comple	ete the following	ng questions.		If the previou	is question was a	nswered y	es, complete the following questions.		
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ve?				us given the best Yes	opportuni	ty to survive?		
What was the basis f	or de	termination that the pro	egnant woman	ı had a condit	ion	What was th	he basis for deter	mination t	hat the pregnant woman had a condition		
that required the pro-		e to avert death or serie				that require			ath or serious impairment to the pregnant		
woman?						woman?					
Date last normal mens		gan /08/2017		Physician 6	estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestatio			n age determin	l ned?		y			ı		
ULTRASOUND											
Full name of physician DR. CAROL DELLIN											
Address of physician p		-		t, city, state, c	and zip	code)					
	.,										
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or t	or town, of pregnancy termination County INDIANAPOLIS				County of pregr	nancy ter	
[D		,	D : 0			T = 2						
Patient's age** 24	Marr	ied ■ Yes 🗌 No	Date of pregr	12/08/20		Educ	ation			ociate Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Unk	nown		/ anic or Latino Hispanic or Latino	o	Unknown
Live Births:]	Number now living						er now d		0		
Other Termination	s:]	Number of spontaneou	is terminations				Numbe	r of ind	uced termi			
Dates of termination		not include this termin	2 ation. If more t	,	**	ost recent.)	<u> </u>	5.		6.		
Fetus delivered alive		If yes, length of tir							Complia	cation(s) of Pregn	ancy Ter	mination
☐ Yes ■	No				■ None ☐ Uterine Perforatio						foration	
								П	Hemorrhag	е ПСе	rvical La	aceration
Fetus viable? Yes	NT -	If viable, medical	reason for term	nination:						_		
☐ Yes ■ No								_	nfection	_	tained P	roducts
Pathological examination If yes, results:									Other (Spec	cify)		
Pathological examin performed?												
☐ Yes ■ No										on of pregnancy r	esult in a	maternal death?
				☐ Yes	s 🔳 N	0						
				Tvne	e of Termin	nation Procedu	ıres					
Procedure that Term	insted	Dreanancy		-712		Additional P		that Ta-	minated D	reananov		
Medical (NonsuMedical (Nonsu									Iifepriston Iisoprostol			
Medical (Nonst	ırgical)	Other (Specify)				Medical (Nonsurgical) Other (Specify)						
Medical (Surgio									on Curetta			
☐ Medical (Surgion Med		enstrual Aspiration her (Specify)							strual Aspi r (<i>Specify</i>)	ration		
For Medical (Surgical	al) prod	cedures, answer the fo	llowing question	on.		For Medical	(Surgical)) proced	lures, answ	ver the following of	question.	
		we a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						eeks?
	☐ No	s answered yes, compl	lete the followi	ng questic	ons	_	Yes		nswered v	es, complete the f	allowing	auestions
		est opportunity to surv		ng questre	ліз.		_		-	ty to survive?	onowing	questions.
	☐ No	••				_		No		-		
		termination that the pre to avert death or ser								hat the pregnant vath or serious imp		
woman?	ocedui	e to avert death of sen	ious impairmei	it to the pi	regnam	woman?	ed the pro	cedure t	o avert dea	un or serious imp	anment	to the pregnant
						<u> </u>						
Date last normal me		gan 0/18/2017		Physicia	an estimate	e of gestation ((in weeks)	ı	Post fe	rtilization age of	the fetus	(in weeks)
How were the gestat		ge and post fertilization	n age determir	ied?		<u> </u>						
ULTRASOUND												
E.11 C : : :		· · · · · · · · · · · · · · · · · · ·										
Full name of physici DR. CAROL DELL	INGEF	2										
	-	rming termination (number of the property of t		t, city, stai	te, and zip	code)						
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addi	ress	C	ity or town, of pregna	or town, of pregnancy termination County of pregr					
PPIN-GEORGETOWN OR (PPO	GI) - 8590 GEORGETOWN ROAD, IN	IDIANAPOLIS, IN, 46268	INDIAI	NAPOLIS	MARION				
Patient's age** M	Iarried D	ate of pregnancy terminat	tion Educa	ntion	Bachelor's Degree				
Race American Indian or Native Hawaiian or		Asian Black or White Other	r African American		Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown				
Live Births:	Number now living	0		Number now dec	•				
Other Terminations:	Number of spontaneous to	erminations 0		Number of induc	ced terminations				
,	Do not include this termination 2.		,	5	6				
Fetus delivered alive?	If yes, length of time				Complication(s) of Pregnancy Termination				
☐ Yes ■ No			■ None ☐ Uterine Perforati						
Fetus viable?	If viable, medical rea	son for termination.	☐ Hemorrhage ☐ Cervical Laceration						
Yes No	ii viable, medicai iea	son for termination.		☐ Infection ☐ Retained Products					
				☐ Ot	ther (Specify)				
Pathological examination performed?	on If yes, results:								
Yes No Did this termination of pregnancy result in a maternal death Yes No									
Type of Termination Procedures									
D		Type of			ID				
Procedure that Terminat				rocedure that Term					
Medical (Nonsurgi	cal) Misoprostol			Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol					
Medical (Nonsurgi	cal) Other (Specify)		☐ Medical	(Nonsurgical) Oth	her (Specify)				
	Menstrual Aspiration			(Surgical) Suction (Surgical) Menstr	rual Aspiration				
Medical (Surgical)	Other (Specify)		☐ Medical	Medical (Surgical) Other (Specify)					
For Medical (Surgical)	procedures, answer the follow	ving question.	For Medical	For Medical (Surgical) procedures, answer the following question.					
	r have a post fertilization age	e at least 20 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes I :	No was answered yes, complete	the following questions.		Yes	swered yes, complete the following questions.				
Was the fetus given th ☐ Yes ☐ 1	e best opportunity to survive	?		us given the best o	opportunity to survive?				
	r determination that the pregr	nant woman had a conditi		_	nination that the pregnant woman had a condition				
	edure to avert death or serious				avert death or serious impairment to the pregnant				
Date last normal menses	s began	Physician e	stimate of gestation (in weeks)	Post fertilization age of the fetus (in weeks)				
	UNKNOWN		9	··· <i>,</i>	7				
How were the gestation:	al age and post fertilization a	ge determined?							
Full name of physician p	BER								
	erforming termination (number INDIANAPOLIS, IN 4622		ınd zip code)						
**Date Reported to I	OCS, if Patient under 14 (r	nonth, day, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	SS) - 8590 GEORGETOWN ROAD, II	NDIANAPOLIS, IN, 46268	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
19	rried Pes No	Pate of pregnancy termi 12/08/201		Educa			ol Diploma or GED			
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	Asian Black White Other	or African A	american	Unknown	Not F	nnic or Latino Iispanic or Latino Unknown			
Live Births:	Number now living	1			Number now d	leceased	0			
Other Terminations:	Number of spontaneous t				Number of ind	uced termin	nations			
	o not include this termination	on. If more than six (6),	those most r	ecent.)			0			
1	2	_ 3	4		5		6			
Fetus delivered alive?	If yes, length of time	fetus survived:				Complic	ation(s) of Pregnancy Termination			
☐ Yes ■ No						None	☐ Uterine Perforation			
						Hemorrhage	e			
Fetus viable?	If viable, medical rea	son for termination:				Ü	<u> </u>			
☐ Yes ■ No						Infection	Retained Products			
						Other (Spec	ify)			
Pathological examination	If yes, results:									
performed? Yes No					Did thi	s torminatio	on of pregnancy result in a maternal death?			
					☐ Ye					
		Type	of Terminatio	n Procedu	res					
		Туре								
Procedure that Terminate	d Pregnancy		Ad	lditional Pr	ocedure that Ter	minated Pr	egnancy			
Medical (Nonsurgical				☐ Medical (Nonsurgical) Mifepristone						
Medical (Nonsurgical Medical Medica				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
_	, (1 33)				` ,	. 1	•••			
☐ Medical (Surgical) S☐ Medical (Surgical) S☐				Medical Medical	(Surgical) Sucti (Surgical) Men	ion Curettag	ge			
Medical (Surgical)					(Surgical) Men		auon			
	1 (1)			36 11 1	(0 : 1)	,				
For Medical (Surgical) pr	ocedures, answer the follow	wing question.	Fo	For Medical (Surgical) procedures, answer the following question.						
	have a post fertilization ago	e at least 20 weeks?	7	Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes ☐ N					Yes No					
If the previous question w	vas answered yes, complete	e the following question	is. If	the previou	s question was a	inswered ye	es, complete the following questions.			
	best opportunity to survive	??	7		us given the best	opportunit	y to survive?			
Yes N	0			□ !	Yes No					
	determination that the preg						nat the pregnant woman had a condition			
woman?	ure to avert death or seriou	s impairment to the pre	_	hat required woman?	d the procedure	to avert dea	th or serious impairment to the pregnant			
Date last normal menses	began 10/25/2017	Physician	n estimate of	_	n weeks)	Post fe	rtilization age of the fetus (in weeks)			
	age and post fertilization a	oge determined?		7			5			
ULTRASOUND	age and post returnation t	.go determined.								
Full name of physician pe	erforming termination									
DR. CAROL DELLINGE	_									
	forming termination (numb		, and zip cod	e)						
200 S. MERIDIAN ST, I	NDIANAPOLIS, IN 4622	25								
**Date Reported to DO	CS, if Patient under 14 (month, day, year):					-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	SS) - 8590 GEORGETOWN ROAL	D, INDIANAPOLIS, IN, 462	City or	town, of pregna	ncy terminat	ion	County of pregnancy termination MARION			
			1				1			
Patient's age** Ma	urried Yes No	Date of pregnancy 12/08	termination /2017	Educa	tion		ollege, No Degree			
Race American Indian or A Native Hawaiian or O		= =	Black or Afric	can American	☐ Unknow		y vanic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	0			Number no	w deceased	0			
Other Terminations:	Number of spontaneou	s terminations			Number of	induced termi	inations 0			
Dates of terminations (Da	not include this termin	ation. If more than si	x (6), those m	ost recent.)			<u> </u>			
1	1	3		4		5	6			
Fetus delivered alive? Yes No	If yes, length of tin	ne fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
					0	None	☐ Uterin	ne Perforation		
Fetus viable?	If viable, medical	reason for termination	n:			Hemorrhag	ge 🗌 Cervio	cal Laceration		
☐ Yes ■ No						Infection	☐ Retair	ned Products		
						Other (Spe	cify)			
Pathological examination	If yes, results:					- · · •				
performed?	-									
☐ Yes ■ No						this terminati Yes 🔳 N		It in a maternal death?		
	·									
		5	Γype of Termi	ination Procedur	res					
Procedure that Terminate	d Pragnancy		•			Terminated P	ragnancy			
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica						 Mifepristor Misoprosto 				
Medical (Nonsurgical				Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) S	Suction Curettage			☐ Medical	(Surgical) S	Suction Curetta	nge			
Medical (Surgical) I	Menstrual Aspiration			☐ Medical	(Surgical) N	Menstrual Aspi Other (Specify)	iration			
Medical (Surgical)	outer (specify)			Wiedicar	(Burgicur)	outer (specify)				
								_		
For Medical (Surgical) pr	rocedures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks	s?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous question v	vas answered yes, compl	ete the following qu	estions.	If the previou	s question w	as answered y	res, complete the follo	wing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the Yes \square \square \square \square \quare \qqq \qq \qq \qq \qq \qq \qq \qq \qq \		ty to survive?			
			11.1	_	_		d (d	1 1 12		
that required the proced	determination that the pr lure to avert death or seri			that require			that the pregnant won ath or serious impairs			
woman?				woman?						
Date last normal menses	-	Phy	sician estimat	te of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestational	UNKNOWN	n age determined?		13			11			
ULTRASOUND	age and post fertilization	ii age determined:								
Full name of physician po	-									
Address of physician per		nber and street, citv.	state, and zir	code)						
200 S. MERIDIAN ST, I	=		, 37	,						
**Date Reported to Do	CS, if Patient under 14	4 (month, day, year):	·				_			

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Facility Name and Ad		590 GEORGETOWN BOAR	INDIANAPOLIS	IN 46268 City	y or town, of pregnancy termination			County	of pregnancy termination		
. I IN-GEORGETOWN OR (P	۰ تا) - ۵	JUN GLONGETOWN RUAL	, INDIANAPULIS,	, 70200	IN	DIANAF	POLIS		MARION		
Patient's age** 39	Marrio [ed Yes No		ancy terminatio	n E	Education		Some College, N	lo Degree		
Race American Indian o	or Othe	er Pacific Islander	Asian White	■ Black or A □ Other	African Americ] Unknown	Ethnicity Hispanic or La Not Hispanic			
Live Births:		Number now living	4				umber now de	1			
Other Terminations:	•	Number of spontaneou	1				umber of indu	ced terminations	1		
Dates of terminations 1. 2016			ition. If more t 3 UNK I		e most recent		5 U	NKNOWN	6		
Fetus delivered alive?		If yes, length of tir	ne fetus surviv	ed:				Complication(s)	of Pregnancy Termination		
☐ Yes ■ N	0						■ N	one	☐ Uterine Perforation		
Fetus viable?	If viable, medical i	eason for term	nination:			— П	emorrhage	☐ Cervical Laceration			
☐ Yes ■ No							☐ In	fection	Retained Products		
								ther (Specify)			
Pathological examinat performed?	tion	If yes, results:									
☐ Yes ■ N	lo					Did this	termination of preg	gnancy result in a maternal death?			
								-			
Type of Termination Procedures											
Procedure that Termir	nated F	Pregnancy			Addition	nal Proce	edure that Term	ninated Pregnancy			
Medical (Nonsur					□ Ме	☐ Medical (Nonsurgical) Mifepristone					
Medical (Nonsur					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgica							irgical) Suction				
Medical (Surgica Medical (Surgica		nstrual Aspiration ner (Specify)					ırgical) Menst ırgical) Other	rual Aspiration (Specify)			
For Medical (Surgical	l) proc	edures, answer the fol	lowing questic	on.	For Med	dical (Sur	rgical) procedu	ires, answer the fol	llowing question.		
Was the fetus viable ☐ Yes ☐		ve a post fertilization	age at least 20	weeks?	Was th	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No					
If the previous question	on was	answered yes, comple	ete the following	ng questions.	If the pr	evious qu	uestion was an	swered yes, compl	lete the following questions.		
Was the fetus given ☐ Yes ☐		st opportunity to surv	ive?		Was th		given the best o	opportunity to surv	ive?		
		ermination that the pr							regnant woman had a condition		
that required the pro woman?	cedure	e to avert death or seri	ous impairmer	nt to the pregnan	t that re woman		e procedure to	avert death or seri	ious impairment to the pregnant		
Date last normal mens	-	gan /29/2017		Physician esti	mate of gestat	ion (in w	veeks)	Post fertilization	n age of the fetus (in weeks)		
How were the gestation			n age determin	l ed?	<u> </u>				•		
ULTRASOUND											
Full name of physicia	_	-									
DR. CAROL DELLIN			nber and stree	t, city, state, and	l zip code)						
200 S. MERIDIAN S	-	-									
**Date Reported to	DCS	, if Patient under 14	1 (month, day,	year):							

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Facility Name and Addr PPIN-GEORGETOWN OR (PPG	City or town		ncy termi			County of pregnancy termination MARION					
26	arried Yes N	Date of pregr	nancy termin 12/08/2017		Educat	cion			ciate Degree		
Race American Indian or A Native Hawaiian or C		Asian White	☐ Black ☐ Other	or African A	American	☐ Unkn	nown		nic or Latino Iispanic or Latino	☐ Unknown	
Live Births:	Number now livin	g 3				Number	now de	eceased	0		
Other Terminations:	Number of spontar	neous terminations	S			Number	of indu	iced termin	nations 0		
Dates of terminations (D	Oo not include this ter	mination. If more	than six (6),	those most r	recent.)						
1		3		4			_ 5	Complia	ation(s) of Pregnan	av Tamaination	
Fetus delivered alive? ☐ Yes ■ No	If yes, length of	of time fetus surviv	ved:					•	_		
							■ N	lone	Uten	ne Perforation	
Fetus viable?				☐ H	Iemorrhage	e 🗌 Cerv	ical Laceration				
☐ Yes ■ No								nfection	Reta	ned Products	
								Other (Spec	ify)		
Pathological examination performed?	n If yes, results:										
Yes No						Ī	Did this	terminatio	on of pregnancy res	alt in a maternal death?	
				Yes	■ No)					
	Type of Termination Procedures										
			Type o	of Termination	on Procedur	res					
Procedure that Terminat	ed Pregnancy			A	dditional Pr	ocedure tl	hat Teri	ninated Pro	egnancy		
Medical (Nonsurgio				_				lifepristone	e		
☐ Medical (Nonsurgion Medical (Nonsurgio					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage			_F	1 Medical	(Surgical)	Suctiv	on Curettag	TA		
☐ Medical (Surgical)	Menstrual Aspiration	1			Medical	(Surgical)) Mens	trual Aspir			
Medical (Surgical)	Other (Specify)] Medical	(Surgical)) Other	(Specify)			
For Medical (Surgical) p	procedures, answer the	e following question	on.	Fo	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ■ 1		ion age at least 20	weeks?	,	Was the fetus viable or have a post fertilization age at least 20 weeks?						
		1. 4. 6.11	. ,.	10	_	_			11 .6 11		
If the previous question	·	•	ing questions		•	•		•	s, complete the foll	owing questions.	
Was the fetus given the ☐ Yes ☐ N		survive?		,		ıs given tl ∕es □		opportunity	y to survive?		
What was the basis for	· determination that th	e pregnant womar	n had a cond	ition	What was th	ne basis fo	or deteri	mination th	nat the pregnant wo	man had a condition	
that required the proce- woman?				gnant						ment to the pregnant	
woman:					woman:						
Data last 1	haaan		Di' '	nation of C	mant-ti (D C	#iliantian Cd	fotos (inL.)	
Date last normal menses	10/12/2017		rnysician	estimate of	gestation (<i>t</i>	n weeks)		Post Ier	tilization age of the	tictus (in weeks)	
How were the gestationa	al age and post fertiliz	ation age determin	ned?					1			
ULTRASOUND											
Fall and Colors		_									
Full name of physician p DR. CAROL DELLING	-	n									
Address of physician per	-		et, city, state,	and zip coa	le)						
200 S. MERIDIAN ST,	INDIANAPOLIS, II	N 46225									
**Date Reported to D	OCS, if Patient unde	er 14 (month, day,	year):								

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Facility Name and A PPIN-GEORGETOWN OR (S - 8590 GEORGETOWN ROAD), INDIANAPOLIS,	, IN, 46268	City or t		ncy termination	County of pregna	ncy termination ARION			
						T _						
Patient's age** 34	Maı	ried Yes No	Date of pregr	12/08/201		Educa	tion		nelor's Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2				Number now o		0			
Other Termination	s:	Number of spontaneou					Number of inc	luced termi				
Dates of termination	s (Do	not include this termino	ation. If more t				5		6			
Fetus delivered alive	?	If yes, length of tir				4		Complic	cation(s) of Pregnan	cy Termination		
☐ Yes ■ 1	No						•	None	☐ Uter	ine Perforation		
								Hemorrhag	ge 🗌 Cerv	rical Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:		☐ Infection ☐ Retained Products						
Pathological examination If yes, results:												
performed?	No						——————————————————————————————————————	s termination	on of pregnancy res	ult in a maternal death?		
☐ Yes ■ No												
	Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (NonsuMedical (Nonsu							(Nonsurgical) I (Nonsurgical) I					
Medical (Nonsu	ırgica	l) Other (Specify)				Medical (Nonsurgical) Other (Specify)						
		uction Curettage Menstrual Aspiration					(Surgical) Suct (Surgical) Men					
Medical (Surgio							(Surgical) Othe					
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing question	on.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viabl ☐ Yes [nave a post fertilization	age at least 20	weeks?			us viable or have Yes 🔲 No	e a post fert	tilization age at leas	t 20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	ıs.	If the previou	s question was a	answered ye	es, complete the fol	lowing questions.		
Was the fetus giver	n the	best opportunity to surv					us given the bes	t opportuni	ty to survive?			
	□ No						Yes No					
that required the pr		letermination that the pr are to avert death or seri				that require				man had a condition rment to the pregnant		
woman?						woman?						
Date last normal mer	ngas L	negan		Physician	n estimat	e of gestation (i	n weeks)	Post fo	ertilization age of th	e fetus (in waaks)		
	1	0/06/2017			ıı cəmiidl	5	n weeks)	1 081 10	3	c icius (in weeks)		
How were the gestat	ional	age and post fertilizatio	n age determin	ned?								
OLINAGOUND	PETRAGOUND											
Full name of physici												
Address of physician	n perf	orming termination (nur		t, city, state	, and zip	code)						
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225									
**Date Reported t	to DC	CS, if Patient under 14	1 (month, day,	year):					_			

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAL), INDIANAPOLIS, IN, 46268	or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION							
				INDIAN	IAPUL	ıo		ľ	MARION	
Patient's age** Ma	urried	Date of pregnancy term 12/08/201		Educa	tion	Hig	gh School	Diploma or G	GED	
Race American Indian or A Native Hawaiian or O		☐ Asian ☐ Black ☐ White ☐ Othe		an American	☐ Unl	known		ic or Latino spanic or Latino	☐ Unknown	
Live Births:	Number now living	1			Numb	er now de	ceased	0		
Other Terminations:	Number of spontaneou	s terminations 0			Numb	er of indu	ced termina	tions 0		
Dates of terminations (De		*								
Fetus delivered alive? Yes No	If yes, length of tin	ne fetus survived:		4		5	one	ion(s) of Pregna	ncy Termination	
Fetus viable? Yes No	If viable, medical	reason for termination:				□ In	emorrhage fection ther (Specif	☐ Ret	vical Laceration ained Products	
Pathological examination performed? Yes No Did this termination of pregnancy result in a maternal death? Yes No										
		Туре	of Termi	nation Procedur	es					
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure	that Term	ninated Preg	gnancy		
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration				(Surgica		n Curettage rual Aspira (Specify)			
For Medical (Surgical) pr	rocedures, answer the fol	lowing question.		For Medical (Surgica	l) procedu	ıres, answer	the following q	uestion.	
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks?			us viable Yes	_	a post fertili	zation age at lea	sst 20 weeks?	
If the previous question v	vas answered yes, compl	ete the following questio	ns.	If the previou	s questi	on was an	swered yes,	complete the fo	ollowing questions.	
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?		Was the fett	us given Yes		opportunity	to survive?		
		egnant woman had a con ous impairment to the pr							oman had a condition irment to the pregnant	
	10/17/2017	•	nn estimate	e of gestation (i	n weeks)	Post ferti	lization age of the	he fetus (in weeks)	
How were the gestational	age and post fertilizatio	n age determined?								
ULTRASOUND										
Full name of physician po	-									
Address of physician per 200 S. MERIDIAN ST, I	=		e, and zip	code)						
**Date Reported to Do	CS, if Patient under 14	1 (month, day, year):								

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Facility Name and Addre										
PPIN-GEORGETOWN OR (PPGI)) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	5, IN, 46268	INDIAN	MARION						
Patient's age** Ma	urried Date of preg	nancy termination	Educa	tion	Associate De	egree				
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	■ Black or Afric	can American	Unknown	Ethnicity Hispanic or La Not Hispanic o					
Live Births:	Number now living 1			Number now de	0					
Other Terminations:	Number of spontaneous termination 0			Number of indu	ced terminations					
Dates of terminations (Do	o not include this termination. If more			5.		6.				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survi			■ N		f Pregnancy Termination Uterine Perforation				
Fetus viable? Yes No	If viable, medical reason for terr	mination:		_	femorrhage	☐ Cervical Laceration☐ Retained Products				
Data to the state of	70 1			□ ∘	ther (Specify)					
Pathological examination performed? Yes No	If yes, results:			Did this ☐ Yes		nancy result in a maternal death?				
		Type of Term	ination Procedur							
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
□ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) □ Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) S Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		☐ Medical	(Surgical) Suction (Surgical) Menst (Surgical) Other	trual Aspiration					
For Medical (Surgical) pr	rocedures, answer the following quest	ion.	For Medical ((Surgical) procedu	ures, answer the foll	lowing question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20 lo) weeks?		us viable or have Yes No	a post fertilization a	age at least 20 weeks?				
If the previous question w	vas answered yes, complete the follow	ring questions.	If the previou	s question was an	swered yes, comple	ete the following questions.				
Was the fetus given the	best opportunity to survive?			us given the best of Yes \text{No}	opportunity to survi	ve?				
	determination that the pregnant woma lure to avert death or serious impairme					egnant woman had a condition ous impairment to the pregnant				
Date last normal menses	began	Physician estimat	te of gestation (i	n weeks)	Post fertilization	age of the fetus (in weeks)				
(09/25/2017	•	10			8				
ULTRASOUND	age and post fertilization age determi	ned?								
Full name of physician pe	ER									
	forming termination (number and stre	et, city, state, and zip	p code)							
**Date Reported to DO	CS, if Patient under 14 (month, day	, year):								

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Facility Name and A	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION							
Detient's 44			Data of	inatic-	F.1	tion						
Patient's age** 23	Mai	rried Yes I No	Date of pregnancy term 12/08/201		Educa	tion		ool Diploma or GED				
Race American Indian Native Hawaiian			☐ Asian ■ Blac ☐ White ☐ Othe	k or African A	American	_		y vanic or Latino Hispanic or Latino	Unknown			
Live Births:			1					0				
Other Termination		Number of spontaneou	0			Numt	per of induced term	inations 1				
Dates of termination 1. 05/27/2015	s (Do	not include this termin	ation. If more than six (6,		recent.)		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	lication(s) of Pregnancy Termination				
☐ Yes ■ I	No						■ None	☐ Uterine Pe	erforation			
F		TC : 11 1: 1	C				☐ Hemorrhag	ge 🔲 Cervical L	aceration			
Fetus viable? Yes I	No	If viable, medical	reason for termination:				☐ Infection	☐ Retained I	Products			
					Other (Specify)							
Pathological examin	otion	If yes, results:					☐ Onler (spe	сіју)				
performed?	ation	ii yes, iesuits.										
☐ Yes ■	No				Did this termination of pregnancy result in a maternal ☐ Yes ■ No							
			Туре	of Terminati	on Procedu	res						
Procedure that Term	inate	d Pregnancy		A	dditional Pr	ocedure	e that Terminated P	regnancy				
☐ Medical (Nonsu		•					rgical) Mifepristor	•				
☐ Medical (Nonsu	ırgica	l) Misoprostol			Medical	(Nonsu	rgical) Misoprosto	l				
☐ Medical (Nonsu	ırgica	l) Other (Specify)				(Nonsu	rgical) Other (Spec	cify)				
		Suction Curettage					cal) Suction Curetta					
Medical (Surgio		Menstrual Aspiration Other (Specify)					cal) Menstrual Aspecal) Other (Specify)					
For Medical (Surgical	al) nr	ocedures, answer the fo	llowing question		or Medical (Surgice	al) procedures ansy	wer the following question				
	_				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	e or i	nave a post fertilization	age at least 20 weeks?			res [tilization age at least 20 w	/eeks /			
If the previous quest	ion w	ras answered yes, comp	lete the following questio	ns. If	the previou	s quest	ion was answered y	res, complete the following	g questions.			
Was the fetus given Yes		best opportunity to surv	vive?	,		us givei Yes [n the best opportuni No	ty to survive?				
			regnant woman had a con					that the pregnant woman l				
that required the pr woman?	oced	ure to avert death or ser	ious impairment to the pr		that require woman?	d the pr	ocedure to avert de	ath or serious impairment	to the pregnant			
Delle	-		l m				<u> </u>		(1)			
Date last normal men		oegan 09/09/2017	Physicia	n estimate of	gestation (<i>i</i>	n week:	s) Post fo	ertilization age of the fetus 11	s (in weeks)			
=	ional	age and post fertilization	on age determined?				<u> </u>					
ULTRASOUND												
E-II. C												
Full name of physici DR. CAROL DELL	_	rforming termination										
			mber and street, city, stat	e, and zip cod	le)							
200 S. MERIDIAN	ST, II	NDIANAPOLIS, IN 46	5225									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day, year):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	SS) - 8590 GEORGETOWN ROAD,	INDIANAPOLIS, IN, 46268	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
19	urried No	Date of pregnancy terms 12/08/201		Educat			llege, No Degree			
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	Asian Black	k or African	American	Unknown	Not H	nic or Latino 🔲 Unknown			
Live Births:	Number now living	0			Number now d	eceased	0			
Other Terminations:	Number of spontaneous	terminations			Number of inde	uced termin				
Dates of terminations (Da	 o not include this terminat	ion. If more than six (6)	, those most	t recent.)			0			
1	2	3	4		5		6			
Fetus delivered alive?	If yes, length of time	e fetus survived:				Complica	ation(s) of Pregnancy Termination			
☐ Yes ■ No					■ N	None	☐ Uterine Perforation			
					— п	Hemorrhage	e Cervical Laceration			
Fetus viable?	If viable, medical re	ason for termination:					_			
☐ Yes ■ No						nfection	Retained Products			
						Other (Spec	ify)			
Pathological examination If yes, results:										
performed? Yes No Did this termination of pregnancy result in a maternal de										
Yes No										
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (NonsurgicaMedical (Nonsurgica]		(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsurgical					(Nonsurgical) N					
☐ Medical (Surgical) S☐ Medical (Surgical) I	Suction Curettage Menstrual Aspiration			Medical Medical	(Surgical) Suction (Surgical) Mens	on Curettag strual Aspir	ge ation			
Medical (Surgical)	Other (Specify)		اً		(Surgical) Other					
For Medical (Surgical) pr	rocedures, answer the follo	owing question	₁	For Medical (Surgical) proced	lures answe	er the following question.			
			-	· ·	0 /1					
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization ag	ge at least 20 weeks?			is viable or have Yes No	a post ferti	lization age at least 20 weeks?			
If the provious question y	uas answarad vas aomnlat	to the following question	na I	If the provious	a question was a	nervorad va	s, complete the following questions.			
if the previous question v	vas answered yes, complet	te the following question	iis.	ii tile previous	s question was a	iiswered ye	s, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to surviv	ve?			is given the best es No	opportunity	y to survive?			
				_						
	determination that the preg lure to avert death or serio						at the pregnant woman had a condition th or serious impairment to the pregnant			
woman?				woman?	•					
Date last normal menses	hegan	Physicia	n estimate o	of gestation (in	n weeks)	Post fer	tilization age of the fetus (in weeks)			
	10/18/2017	1 Hysicia	ii estimate e	6	n weeks)	1 OSt ICI	4			
How were the gestational	age and post fertilization	age determined?				1				
ULTRASOUND										
Full name of physician po	_									
DR. CAROL DELLING		L J		- J-\						
200 S. MERIDIAN ST, I	forming termination (numination (numination)		e, ana zip co	oae)						
										
**Date Reported to Do	CS, if Patient under 14	(month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PPIN-GEORGETOWN OR (PPG	ress 31) - 8590 GEORGETOWN RC	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION				
					,						
25	farried ☐ Yes ■ No	Date of pregna	ancy termina 12/08/2017		Educa	tion			ter's Degree		
Race American Indian or Native Hawaiian or		☐ Asian ☐ White	■ Black o	or African Am	erican	☐ Unkı	nown		nic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	Number now living	0				Number	r now de	eceased	0		
Other Terminations:	Number of spontane	ous terminations				Number	r of indu	iced termin	nations 0		
Dates of terminations (I	Do not include this term	ination. If more th	nan six (6), ti	hose most rec	ent.)						
1		3		4			_ 5	Complia	ation(s) of Pregnan	av Tamaination	
Fetus delivered alive? Yes No	If yes, length of	time fetus survive	ed:				_ ,	•	_		
					■ None Uterine Perforation						
Fetus viable?	If viable, medic	al reason for termi	ination:				∐ H	Iemorrhage	e ∐ Cerv	ical Laceration	
☐ Yes ■ No					☐ Infection ☐ Retained Products						
								Other (Spec	ify)		
Pathological examination	on If yes, results:										
performed? Yes No Did this termination of pregnancy res										alt in a maternal death?	
☐ Yes ■ No											
										1	
			Type of	Termination	Procedu	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurgi								lifepristone			
Medical (NonsurgiMedical (Nonsurgi	cal) Misoprostol cal) Other (Specify)							lisoprostol ther (Speci			
_	, , , , ,					`	,		,		
— M I: 1/G : 1)	g .: G			_	M 11 1	/C : 1	N G .:	G #			
	Menstrual Aspiration				Medical	(Surgical	l) Mens	on Curettag trual Aspir			
Medical (Surgical)	Other (Specify)				Medical	(Surgical	l) Other	(Specify)			
For Medical (Surgical)	procedures, answer the	following question	n.	For I	Medical ((Surgical)) proced	ures, answ	er the following que	estion.	
	or have a post fertilization	n age at least 20 v	weeks?	Wa				a post ferti	ilization age at least	20 weeks?	
☐ Yes ☐	No				☐ Y	Yes	No				
If the previous question	was answered yes, com	plete the followin	ng questions.	. If the	e previou	s question	n was ai	nswered ye	es, complete the foll	owing questions.	
Was the fetus given th ☐ Yes ☐	ne best opportunity to su	rvive?		Wa		us given t Yes □		opportunit	y to survive?		
			111:4	.:	_	_				1 1	
that required the proce	r determination that the edure to avert death or s			nant tha	t require					man had a condition ment to the pregnant	
woman?				wo	man?						
				I							
Date last normal mense	s began 10/04/2017		Physician 6	estimate of ge		n weeks)		Post fer	rtilization age of the	fetus (in weeks)	
How were the gestation		tion age determine	ed?		8				6		
ULTRASOUND											
Full name of physician DR. CAROL DELLING											
Address of physician pe		number and street,	, city, state, o	and zip code)							
200 S. MERIDIAN ST	, INDIANAPOLIS, IN	46225									
**Date Reported to I	DCS, if Patient under	14 (month, day, y	vear):						-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462					City or town, of pregnancy termination INDIANAPOLIS					County of pregnan	cy termination ARION	
						т						
Patient's age** 21	Mai	ried ☐ Yes ■ No	Date of pregn	ancy term 12/07/201		Educa	tion			llege, No Degree		
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Blac		an American		known	■ Not F	nic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numbe	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numbe	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6), those m	ost recent.)						
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	ation(s) of Pregnanc	y Termination	
res r	NO								None	☐ Uterii	ne Perforation	
T		70 : 11 1: 1	· ·	• .•				□ I	Hemorrhage	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes	No	If viable, medical	reason for term	iination:		☐ Infection ☐ Retained Products						
									041 (C	:G.)		
D-41-1i1i-	_+:	If							Other (Spec	ujy)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No					Did this termination of pregnancy result in a materna						
								☐ Yes	s 🔳 No)		
Type of Termination Procedures												
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	egnancy		
Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsur	gical) N	//Iifepristone	e		
Medical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Speci			
Wedlear (Nonse	iigica	i) Other (specify)				Wicalcan	(140fisur	gicai) C	other (Speci	997		
		uction Curettage				Medical	(Surgica	al) Sucti	on Curettag	ge		
Medical (Surgio		Menstrual Aspiration Other (Specify)							strual Aspir r (Specify)	ration		
	•						·a					
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.						
	le or l	nave a post fertilization	age at least 20	weeks?			us viable Yes 🗀	_	a post fert	ilization age at least	20 weeks?	
	_	as answered yes, compl	lata tha fallowi	na augostio	no.	_	-	_	namarad m	es, complete the follo	owing questions	
				ng quesno	118.	_	•		•	•	owing questions.	
Was the fetus gives ☐ Yes ☐		best opportunity to surv	vive?				us given Yes	-	opportunit	y to survive?		
What was the basis	ford	letermination that the pr	rognant woman	had a aan	dition	What was t	ha hasis	for datar	mination th	nat the pregnant won	oon had a condition	
that required the pr		are to avert death or ser									nent to the pregnant	
woman?						woman?						
						1						
Date last normal me		•		Physicia	n estimat	e of gestation (in weeks,)	Post fe	rtilization age of the	fetus (in weeks)	
H		10/14/2017		- 10		6				4		
How were the gestat ULTRASOUND	ional	age and post fertilization	on age determin	ea?								
221101000110	ZETRACOURD											
Full name of physics	an no	rforming termination										
DR. CAROL DELL	-	rforming termination :R										
	-	orming termination (num		t, city, stat	e, and zip	code)						
200 S. MERIDIAN	ST, II	NDIANAPOLIS, IN 46	5225									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or t	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termin MONROE				
Patient's age** 27	Married [d Yes No	Date of pregna	ancy termi 12/07/201		Educa	tion		12th, No Diploma	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un		ity spanic or Latino t Hispanic or Latino	☐ Unknown
Live Births:	Nι	ımber now living	3				Numb	er now deceased	0	
Other Termination	s: Nu	ımber of spontaneou					Numb	per of induced ter		
Dates of termination 1. UNKNOWN		t include this termin UNKNOWN	ation. If more th	nan six (6)	, those m	ost recent.)		5	6	
Fetus delivered alive	?	If yes, length of ti	me fetus survive	ed:				Comp	lication(s) of Pregnand	cy Termination
☐ Yes ■ I	No							■ None	☐ Uteri	ne Perforation
E-4: -1-1-9		TC: -1-14:1	C	·				☐ Hemorrh	age 🔲 Cervi	ical Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	manon:				☐ Infection	☐ Retai	ned Products
								Other (S)	pecify)	
Pathological examin	ation	If yes, results:								
performed? ☐ Yes ■ No Did this termination of pregnancy result in a mater ☐ Yes ■ No									ılt in a maternal death?	
							☐ Yes ■	No		
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated										
☐ Medical (Nonsu ☐ Medical (Nonsu								rgical) Mifeprist rgical) Misopros		
Medical (Nonsu								rgical) Other (Sp		
Medical (Surgional Control Contro								al) Suction Cure		
☐ Medical (Surgion Med		strual Aspiration er (Specify)						al) Menstrual As al) Other (Specif		
	,	(-F 35)					((-1	,,	
For Medical (Surgical	al) proce	dures, answer the fo	llowing question	n.		For Medical	Surgica	al) procedures, an	swer the following que	estion.
Was the fetus viabl ☐ Yes [_	e a post fertilization	age at least 20 v	weeks?			us viabl Yes [ertilization age at least	20 weeks?
If the previous quest	_	answered yes, comp	lete the followin	ng question	ns.				yes, complete the follo	owing questions.
Was the fetus given ☐ Yes ☐		t opportunity to surv	rive?				us giver Yes [n the best opportu	nity to survive?	
	_			1 1	11				d . d	1 1 12
that required the pr		rmination that the protocol to avert death or ser				that require			n that the pregnant wor leath or serious impair	
woman?						woman?				
Date last normal men	nses has	n	П	Physicia	n estimat	e of gestation (i	n wook	g) Doot	fertilization age of the	e fetus (in wooks)
Date last normal men	_	28/2017		1 mysicia	csumat	10	ii weeks	,, 1080	8	Total (III WEEKS)
How were the gestat	ional age	and post fertilization	n age determine	ed?				,		
ULTRASOUND	JLTRASOUND									
Full name of physici	an perfoi	ming termination								
DR. CAROL DELL	INGER		, .							
Address of physician 200 S. MERIDIAN 3	_	-		, city, state	e, and zip	code)				
	•	· · · · · · · · · · · · · · · · · · ·								
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						City or town, of pregnancy termination BLOOMINGTON County of pregnancy term MONROI					tion
Patient's age** 16	Married [d Yes • No	Date of pregn	nancy termina 12/07/2017	ation	Educa	tion		9th-12t	h, No Diploma	
Race American Indian Native Hawaiian	or Other		Asian White	☐ Black o	or Africa	an American		known er now d	■ Not H		nknown
	Nı	imber of spontaneo	0 us terminations				Numb	er of ind	uced termir	0 ations	
Other Termination	ıs.	•	0		,		Tvuille	er or ma		0	
Dates of termination		t include this termin	•	han six (6), th		st recent.)		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:				1	Complic None	ation(s) of Pregnancy Termina Uterine Perforat	
								— □ 1	Hemorrhage	☐ Cervical Lacera	tion
Fetus viable?		If viable, medical	reason for term	nination:					C		
☐ Yes ■	No							∐ I	nfection	Retained Produc	ets
									Other (Spec	(fy)	
Pathological examin performed?											
Yes •		Did this termination of pregnancy result in a maternal dea									
Type of Termination Procedures											
Procedure that Term				Additional Pr	ocedure	that Ter	minated Pr	egnancy			
☐ Medical (Nonst	urgical) N	Mifepristone				☐ Medical	(Nonsu	rgical) M	//////////////////////////////////////		
Medical (Nonsu			Medical	(Nonsu	rgical) M	Aisoprostol Other (Speci					
	argicar) (other (specify)				Medicar	(1 tollsu	igical) C	other (Speci	(y)	
Medical (SurgionMedical (Surgion		ion Curettage strual Aspiration				☐ Medical ☐ Medical	(Surgic	al) Sucti al) Mens	on Curettag strual Aspir	e ation	
Medical (Surgio									r (Specify)		
For Medical (Surgic	al) proced	dures, answer the fo	ollowing question	on.		For Medical ((Surgica	l) proced	lures, answ	er the following question.	
Was the fetus viab ☐ Yes [e a post fertilization	age at least 20	weeks?			us viabl		a post ferti	lization age at least 20 weeks?)
If the previous quest	tion was a	answered yes, comp	lete the following	ng questions.		If the previou	ıs questi	on was a	nswered ye	s, complete the following ques	stions.
Was the fetus give ☐ Yes [t opportunity to sur	vive?				us given Yes [opportunit	to survive?	
		rmination that the p				What was tl	he basis	for deter	mination th	at the pregnant woman had a c	condition
that required the property woman?	rocedure	to avert death or ser	rious impairmen	nt to the pregr	nant	that require woman?	d the pro	ocedure t	o avert dea	h or serious impairment to the	pregnant
Ditt				Di · ·				,	B *		1
Date last normal me	_	n 1 0/2017		Physician 6	estimate	of gestation (i	n weeks	;)	Post fer	tilization age of the fetus (in w	reeks)
How were the gestat	tional age	and post fertilization	on age determin	ied?					•		
Full name of physics	-	rming termination									
Address of physician		ning termination (nu	mber and street	t, city, state, d	and zip	code)					
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 4	6225								
**Date Reported	to DCS,	if Patient under 1	4 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVEI BLOOMINGTON, IN, 47403	NUE, City o	or town, of pregna	ncy termination	County	County of pregnancy termination MONROE					
Patient's age** Married Date of pregna	ancy termination	Educat	ion							
	12/07/2017	Lauca		gh School Diplo	ma or GED	ı				
Race American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White	☐ Black or Af	rican American	Unknown	Ethnicity Hispanic or La Not Hispanic of		☐ Unknown				
Live Births: Number now living 5			Number now de	ceased)					
Other Terminations: Number of spontaneous terminations 2			Number of indu	ced terminations	I					
Dates of terminations (Do not include this termination. If more the UNKNOWN 2 UNKNOWN 3 UNKN		most recent.)	_							
Fetus delivered alive? If yes, length of time fetus survive		4	5	Complication(s)	of Pregnancy	Termination				
☐ Yes ■ No			■ N	one	☐ Uterine	Perforation				
			п	emorrhage	☐ Cervica	al Laceration				
Fetus viable? If viable, medical reason for terms Yes No	ination:	☐ Infection ☐ Retained Products								
i es i No					☐ Ketaine	ed Products				
Pada la circle consideration 16 construction				ther (Specify)						
Pathological examination performed? If yes, results:										
☐ Yes ■ No			Did this Yes	termination of preg	gnancy result	in a maternal death?				
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol			(Nonsurgical) M	isoprostol						
Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsurgical) O	ther (Specify)						
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration		_	(Surgical) Suction (Surgical) Mens							
Medical (Surgical) Medistrual Aspiration Medical (Surgical) Other (Specify)			(Surgical) Other							
For Medical (Surgical) procedures, answer the following question	n.	For Medical (Surgical) proced	ires, answer the fol	llowing quest	ion.				
Was the fetus viable or have a post fertilization age at least 20 v				a post fertilization						
Yes No	······································		es No	a post reruination	uge ut leust 2	o weeks.				
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was ar	swered yes, compl	ete the follow	ving questions.				
Was the fetus given the best opportunity to survive?				opportunity to surv	ive?					
☐ Yes ☐ No			Yes □ No							
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmen				nination that the property avert death or seri		an had a condition ent to the pregnant				
woman?	1 0	woman?	•		•	1 0				
Date last normal menses began	Physician estim	nate of gestation (i	n weeks)	Post fertilization	•	etus (in weeks)				
10/09/2017 How were the gestational age and post fertilization age determine	ed?	7			5					
ULTRASOUND										
Full name of physician performing termination DR. CAROL DELLINGER										
Address of physician performing termination (number and street)	, city, state, and z	zip code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225										
**Date Reported to DCS, if Patient under 14 (month, day,)	year):									

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Facility Name and Add PLANNED PARENTHOOD (PI BLOOMINGTON, IN, 47403	City or t	ty or town, of pregnancy termination BLOOMINGTON				County of pregnancy termination MONROE					
Patient's age**	Ма:::	d	Date of pregn	nancy termin	nation	Educa	tion				
24	Marrie [d ☐ Yes ■ No		12/07/2017		Educa	tion	н	igh Scho	ol Diploma or GI	ED .
Race American Indian or Native Hawaiian or			Asian White	☐ Black ☐ Other	or Africa	an American	☐ Uni	known		nic or Latino lispanic or Latino	Unknown
Live Births:	N	umber now living	1				Numb	er now d	eceased	0	
Other Terminations:	N	umber of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0	
Dates of terminations (Do no		,	. ,,		ost recent.)					
I	2		3			4		5	Complic	ation(s) of Pregnan	cy Termination
Fetus delivered alive? ☐ Yes ■ No)	If yes, length of tir	ne retus surviv	/ea:				■ 1	•	_	ne Perforation
								_		_	
Fetus viable?		If viable, medical r	reason for term	nination:				_ I	Hemorrhage		ical Laceration
☐ Yes ■ No)							☐ I	nfection	☐ Reta	ined Products
								Other (Spec	ify)		
Pathological examination performed? If yes, results:											
Yes No Did this termination of pregnancy result in a maternal death										ult in a maternal death?	
☐ Yes ■ No											
Type of Termination Procedures Additional Procedure that Terminated Programmy											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurg									lifepristone)	
Medical (NonsurgMedical (Nonsurg									Iisoprostol ther (<i>Speci</i>	fy)	
Medical (Surgical) Suc	tion Curettage				☐ Medical	(Surgical	al) Sucti	on Curettag	re	
Medical (Surgical) Medical (Surgical)) Mer	strual Aspiration				☐ Medical	(Surgical	al) Mens	strual Aspir (Specify)		
Wiedicai (Surgicai)) Our	ci (specijy)				wiedicar	(Surgice	ar) Otrici	(Бресіју)		
For Medical (Surgical)	proce	dures, answer the fol	lowing questic	on.		For Medical (Surgica	l) proced	ures, answ	er the following qu	estion.
Was the fetus viable o		e a post fertilization a	age at least 20	weeks?			us viable Yes		a post ferti	lization age at leas	20 weeks?
If the previous question		answered ves compl	ete the followi	na auestions	c	_	_	_	newered ve	s, complete the following	owing questions
• •				ing questions	s.	•	•		•	•	owing questions.
Was the fetus given the Set of Yes ☐		t opportunity to survi	ive?				us given Yes [opportunit	y to survive?	
What was the basis for	or dete	ermination that the pro-	egnant woman	n had a condi	ition	What was th	ne basis	for deter	mination th	at the pregnant wo	man had a condition
that required the proc woman?	edure	to avert death or seri	ous impairmer	nt to the preg	gnant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant
· · · · · · · · · · · · · · · · · · ·											
Date last normal mense	es hea	an		Physician	estimate	e of gestation (i	n wook	•)	Post for	tilization age of the	e fetus (in weeks)
Date last normal melise	_	KNOWN		1 mysiciali		7	weeks	<u></u>	1 031 101	5	Totas (iii weeks)
How were the gestation	nal age	e and post fertilization	n age determin	ned?							
ULTRASOUND											
Full name of physician	nerfo	rming termination									
DR. CAROL DELLIN	_	immig termination									
Address of physician p		-		t, city, state,	and zip	code)					
200 S. MERIDIAN ST	, IND	IANAPOLIS, IN 46	225								
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or town, of pregnancy termination BLOOMINGTON				County of pregnancy termination MONROE	
		,								
38	Marr	ied ■ Yes 🔲 No		nancy terminati 12/07/2017	ion	Educat	tion		ociate Degree	
Race American Indian of Native Hawaiian of	or Oth	er Pacific Islander	Asian White	☐ Black or ☐ Other	Africa	an American	Unknown	■ Not l	y anic or Latino Hispanic or Latino	
Live Births:		Number now living	1				Number now o		0	
Other Terminations	: 1	Number of spontaneous	s terminations 0				Number of inc	luced termi	nations 1	
Dates of terminations 1. 08/28/2014	(Do r	not include this termina	tion. If more t	than six (6), the	ose mo	ost recent.)	5		6	
Fetus delivered alive?	?	If yes, length of tin	ne fetus surviv	ved:				Compli	cation(s) of Pregnancy Termination	
☐ Yes ■ N	o						•	None	☐ Uterine Perforation	
							п	Hemorrhag	te Cervical Laceration	
Fetus viable?	,	If viable, medical r	eason for term	nination:						
☐ Yes ■ N	10							Infection	Retained Products	
								Other (Spec	cify)	
Pathological examina performed?	tion	If yes, results:								
Yes N	lо						Did thi	s terminati	on of pregnancy result in a maternal death?	
							☐ Ye			
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
		•				_				
Medical (NonsurMedical (Nonsur	gical)	Misoprostol				☐ Medical	(Nonsurgical) I (Nonsurgical) I	Misoprosto	1	
Medical (Nonsur	gical)	Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spec	eify)	
Medical (Surgica	al) Su	ction Curettage				☐ Medical	(Surgical) Suct	ion Curetta	ige	
	al) M	enstrual Aspiration				Medical	(Surgical) Men (Surgical) Othe	strual Aspi	ration	
Wedicai (Surgica	11) ()(нег (зресцу)				Wiedicai	(Surgical) Out	п (Specify)		
For Medical (Surgical	l) pro	cedures, answer the foll	owing question	on.		For Medical ((Surgical) proce	dures, answ	ver the following question.	
Was the fetus viable ☐ Yes ☐		ave a post fertilization a	ige at least 20	weeks?			us viable or have Yes No	e a post fer	tilization age at least 20 weeks?	
If the previous question	on wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s question was a	nswered y	es, complete the following questions.	
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given the bes	t opportuni	ty to survive?	
	_					_	_		1	
		termination that the pro te to avert death or serio							hat the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?			-			woman?	-			
Date last normal men	ses be	egan		Physician es	stimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)	
	10	0/03/2017				8			6	
_	How were the gestational age and post fertilization age determined?									
ULTRASOUND										
Full name of physicia	n peri	forming termination								
DR. CAROL DELLIN	NGEF		shan and atno	4 oitu atato ar		2042)				
	-	DIANAPOLIS, IN 46		i, city, state, ar	ча хір	coue)				
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCS	SS SI) (MONROE CO.) - 421 SOUT	TH COLLEGE AVE	ENUE,	City or t		ncy termination		County of pregnar	ncy termination ONROE		
Defined the	ı		Data 6		-4:-	l E i	·:					
Patient's age** 20	Ma	rried Yes I No	Date of pregr	12/07/2017		Educat	tion		ollege, No Degree)		
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Africa	an American	Unknown		y anic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	0				Number now d	eceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations				Number of ind	uced termi	nations 0			
Dates of termination	is (Do	not include this termina	ation. If more t	than six (6), ti	hose mo	ost recent.)						
1		2				4	5	Compli	cation(s) of Pregnan	av Tamaination		
Fetus delivered alive		If yes, length of tir	ne fetus surviv	/ed:				•				
									_	ne Perforation		
Fetus viable?		If viable, medical i	eason for term	nination:	Hemorrhage Cervical Laceration							
☐ Yes ■ 1	No							nfection	Reta	ined Products		
								Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:										
Yes •	No						Did thi	s termination	on of pregnancy res	ult in a maternal death?		
							☐ Ye	s 🔳 N	0			
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsu							(Nonsurgical) N					
Medical (Nonsu Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)					(Nonsurgical) Nonsurgical) (
Medical (Surgional Control Contro	ral) S	Suction Curettage				☐ Medical	(Surgical) Sucti	on Curetta	ige			
☐ Medical (Surgio	cal) N	Menstrual Aspiration				■ Medical	(Surgical) Men	strual Aspi	ration			
Medical (Surgio	cai) (other (<i>Specify</i>)				Medical	(Surgical) Othe	г (Ѕресіју)				
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing question	on.		For Medical (Surgical) proced	lures, answ	ver the following que	estion.		
Was the fetus viabl ☐ Yes [nave a post fertilization a	age at least 20	weeks?			us viable or have Yes No	a post fert	tilization age at least	t 20 weeks?		
		as answered yes, compl	ata tha fallowi	na quartions		_	_	nervored v	es, complete the foll	owing questions		
				ng questions.	•	•	•	·		owing questions.		
	n the	best opportunity to survi	ive?				us given the best Yes \text{No}	opportuni	ty to survive?			
What was the basis	s for o	letermination that the pr	egnant woman	n had a condit	tion	What was th	ne basis for deter	mination t	hat the pregnant wo	man had a condition		
		ure to avert death or seri								ment to the pregnant		
woman.						woman.						
Data lost no1	nca- 1	aogan		Dhysicia	ostim - '	of gostation (n waaka)	Do-t f	utilization ac£-1	fotos (in marks)		
Date last normal men		oegan 09/26/2017		riiysician e	esumate	e of gestation (in	n weeks)	Post fe	ertilization age of the	e icius (<i>in weeks)</i>		
_	ional	age and post fertilization	n age determin	ned?				1				
ULTRASOUND												
Ell 21 :												
Full name of physici DR. CAROL DELL		rforming termination										
	-	forming termination (nur		t, city, state, o	and zip	code)						
200 S. MERIDIAN	ST, I	NDIANAPOLIS, IN 46	225									
**Date Reported t	to D0	CS, if Patient under 14	(month, day,	year):					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

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Facility Name and Adplanned Parenthood	ddres:	;) (MONROE CO.) - 421 SOUT	H COLLEGE AVE	NUE,		ancy termination	County of pregnancy termi				
BLOOMINGTON, IN, 47403					BLOOI	MINGTON	MONROE				
Patient's age** 23	Mar	ried Yes I No		ancy termination 12/07/2017	Educa		igh School Diploma or GED				
Race American Indian Native Hawaiian			Asian White	☐ Black or Afr	ican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino	Unknown			
Live Births:		Number now living	1			Number now do	eceased 0				
Other Terminations	s:	Number of spontaneou	s terminations 0			Number of indu	aced terminations 0				
		not include this termina									
Fetus delivered alive.	?	If yes, length of tin			4	5	Complication(s) of Pregnancy Termi	nation			
Fetus viable?	Ю	If viable, medical r	eason for term	ination:			Temorrhage ☐ Cervical Lace Infection ☐ Retained Proceed Proc				
Pathological examina	ition	If yes, results:					mer (speedy)				
performed?						Did this ☐ Yes	termination of pregnancy result in a m No	naternal death?			
				Type of Term	nination Procedu	res					
Procedure that Termi	nated	Pregnancy		Type of Tell			minated Pregnancy				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Miferristone											
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)											
☐ Medical (Surgica	■ Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify)										
For Medical (Surgica	ıl) pro	cedures, answer the fol	lowing questio	n.	For Medical	(Surgical) proced	ures, answer the following question.				
	e or h	ave a post fertilization a			Was the fet		a post fertilization age at least 20 week	cs?			
If the previous question	on wa	s answered yes, comple	ete the followin	ng questions.	If the previou	us question was a	nswered yes, complete the following qu	uestions.			
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?			tus given the best	opportunity to survive?				
		etermination that the properties to avert death or serious					mination that the pregnant woman had a avert death or serious impairment to				
Date last normal men	ises b	egan		Physician estim	ate of gestation (in weeks)	Post fertilization age of the fetus (in	n weeks)			
	10/01/2017 9 7										
How were the gestation	How were the gestational age and post fertilization age determined?										
L											
Full name of physicia DR. CAROL DELLII	NGE	R									
	-	rming termination (num		t, city, state, and z	ip code)						
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI)	(MONROE CO.) - 421 SOU	TH COLLEGE AVE	ENUE,	City or t	own, of pregna	ancy term			County of pre	gnancy MONI		
Defined and				4'		-4: -							
Patient's age** 22	Marri	ed □ Yes ■ No	Date of pregr	12/07/201		Educa	ation	н	_	ol Diploma or	GED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Unk	cnown		/ anic or Latino Hispanic or Latin	no	☐ Unknown	
Live Births:	N	Number now living	0					er now d		0			
Other Termination	s: N	Number of spontaneou					Numbe	er of ind	uced termi				
Dates of termination		ot include this termin				ost recent.)				0			
I		2111				4		5	Compli	cation(s) of Preg	nancy 7	Termination	
Fetus delivered alive		If yes, length of ti	me ietus surviv	/ea:				■ N		_	•	Perforation	
										_			
Fetus viable?		If viable, medical	reason for term	nination:				∐ F	Hemorrhag	e ∐ (Cervical	Laceration	
Yes •	No								nfection	☐ F	Retained	l Products	
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	s termination	on of pregnancy	result i	n a maternal death?	
								☐ Yes	s I N	0			
	Type of												
	of Termin	nation Procedu	ires										
Procedure that Term		Additional P	rocedure	that Ter	minated Pr	regnancy							
									lifepriston				
									lisoprostol other (Spec				
Medical (Surgional Control Contro	201) Su	ction Curattaga				☐ Medical	l (Surgica	1) Sucti	on Curatta	ma.			
☐ Medical (Surgio	cal) Me	enstrual Aspiration											
Medical (Surgio	cal) Oth	ner (Specify)				☐ Medical	l (Surgica	il) Othei	r (Specify)				
For Medical (Surgical	al) proc	edures, answer the fo	llowing question	on.		For Medical	(Surgical	l) proced	lures, answ	er the following	g questio	on.	
	le or ha	ve a post fertilization	age at least 20	weeks?		_	tus viable Yes 🔲	_	a post fert	tilization age at 1	least 20	weeks?	
If the previous quest	ion was	s answered yes, comp	lete the followi	ng question	ıs.	If the previous	us questic	on was a	nswered ye	es, complete the	followi	ng questions.	
	n the be	est opportunity to surv	vive?					the best	opportuni	ty to survive?			
	_	termination that the pr	regnant woman	n had a cond	lition	_		-	mination t	hat the pregnant	Womar	n had a condition	
		e to avert death or ser				that require						nt to the pregnant	
woman?						woman?							
D. L.	-			DI ::		<u> </u>	,,				C.1	(1)	
Date last normal me		gan 1 /22/2017		Pnysiciar	ı estimate	e of gestation (ın weeks)	,	Post fe	rtilization age o	t the fet	us (in weeks)	
	ional ag	ge and post fertilization	on age determin	ned?					1				
ULTRASOUND													
Eullan C. 1 . 1													
Full name of physici DR. CAROL DELL	INGER												
	-	ming termination (nu		t, city, state	, and zip	code)							
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_			

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Facility Name and Adplanned Parenthood (BLOOMINGTON, IN, 47403	(PPCSI	S) (MONROE CO.) - 421 SOUT	H COLLEGE AVE	ENUE,	City or t	own, of pregna	-			County of pregna	ncy termination ONROE		
Patient's age**	M	riad	Date of pregn	nancy termin	nation	Educa	tion				1		
20	Mari	ried ■ Yes □ No		12/07/2017		Educa	non	н	igh Scho	ol Diploma or GI	ĒD		
Race American Indian Native Hawaiian			Asian White	☐ Black ☐ Other	or Africa	an American	☐ Unl	known		nic or Latino lispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Terminations	::	Number of spontaneou	s terminations				Numbe	er of indu	uced termir	nations 0			
Dates of terminations 08/29/2017	(Do	not include this termina	v	than six (6), i	those mo	ost recent.)		5		6			
Fetus delivered alive	?	If yes, length of tim		ved:		+		5	Complic	ation(s) of Pregnan	cy Termination		
☐ Yes ■ N		J 10, 10						■ N	None	☐ Uter	ine Perforation		
								_ □ F	Hemorrhage	— e □ Cerv	rical Laceration		
Fetus viable? Yes N	Io	If viable, medical r	eason for term	nination:		☐ Infection ☐ Retained Products							
Li i es	NO									_	med Products		
		70							Other (Spec	ify)			
Pathological examina performed?	ition	If yes, results:											
☐ Yes ■ N				Did this			ult in a maternal death?						
								1es	5 <u>-</u> NO	<u> </u>			
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Medical (Nonsur Medical (Nonsur	rgical) Misoprostol					(Nonsur	gical) M	Iifepristone Iisoprostol				
Medical (Nonsur	rgical) Other (Specify)				☐ Medical	(Nonsur	gical) O	ther (Speci	fy)			
Medical (Surgica									on Curettag				
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical		Ienstrual Aspiration ther (Specify)							strual Aspir (Specify)	ation			
For Medical (Surgica	l) pro	cedures, answer the fol	lowing question	on.		For Medical (Surgica	l) proced	ures, answ	er the following qu	estion.		
	_	ave a post fertilization a					_	_		lization age at leas			
☐ Yes ■			<i>G</i>				Yes						
If the previous question	on wa	as answered yes, comple	ete the following	ng questions	S.	If the previou	s questi	on was a	nswered ye	s, complete the fol	lowing questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes		opportunit	y to survive?			
What was the basis	for d	etermination that the pro	egnant woman	had a condi	ition	What was th	ne basis	for deter	mination th	at the pregnant wo	man had a condition		
		re to avert death or serie									rment to the pregnant		
woman:						woman:							
Date last normal men	ises h	egan		Physician	estimate	e of gestation (i	n weeks)	Post for	tilization age of the	e fetus (in weeks)		
		9/26/2017		1 mysician		10			1 030 101	8	c 15tab (m meens)		
=	onal a	age and post fertilization	age determin	ned?					·				
ULTRASOUND													
Full name of physicia	_	-											
DR. CAROL DELLI		R orming termination (num	ahar and stuce	t city state	and -i-	coda)							
	_	idianapolis, in 46		ı, cuy, state,	ана гір	coue j							
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Patient's age**			Data of proces	may tarmi-	ation	Educa	tion					
Patient's age** 19	Maı	ried ☐ Yes ■ No	Date of pregna	2/07/2017		Educa	ition		Some Co	ollege, No Degree		
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	_		an American		known er now d	■ Not F	nnic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	0							0		
Other Termination	s:	Number of spontaneou	is terminations 0				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin	•			ost recent.)						
I			3			4		5	Complic	cation(s) of Pregnanc	vy Termination	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:						_	•	
								• 1	None	∐ Uterii	ne Perforation	
Fetus viable?		If viable, medical	reason for termin	nation:				☐ I	Hemorrhago	e 🗌 Cervi	cal Laceration	
Yes I	No	ir viaere, meerear	1040011 101 1011111					□ I	nfection	☐ Retain	ned Products	
								П	Other (Spec	cify)		
Pathological examin	ation	If yes, results:							` 1			
performed?												
☐ Yes ■	No							Did this			It in a maternal death?	
							L			-		
	f Torres	nation Decard-	rac									
				1 ype o	ı reimii	nation Procedu						
Procedure that Term	inated	l Pregnancy				Additional Pr	rocedure	that Ter	minated Pr	regnancy		
Medical (Nonsu									Aifepriston			
Medical (NonsuMedical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)							Aisoprostol Other (Speci			
	1) 0						/G :	1) 0 .:				
☐ Medical (Surgion)	cal) N	uction Curettage Menstrual Aspiration				Medical Medical	(Surgica	al) Sucti al) Mens	on Curettaş strual Aspir	ge ration		
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgica	al) Othe	r (Specify)			
For Medical (Surgic	al) pro	ocedures, answer the fo	llowing question	n.		For Medical	(Surgica	l) proced	lures, answ	er the following que	 stion.	
Was the fetus viah	le or l	nave a post fertilization	age at least 20 v	veeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	No		age at least 20 w	vecks.		_	Yes [_	a post tert	inzation age at least	20 WCCR3.	
If the previous quest	ion w	as answered yes, compl	lete the following	g questions	3.	If the previou	ıs questi	on was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus gives	n tha	best opportunity to surv	iva?			Was the fet	ue aiven	the best	opportunit	ty to survive?		
Yes [IVC:				Yes [_	оррогини	ly to survive:		
What was the basis	s for d	letermination that the pr	egnant woman h	had a condi	ition	What was t	he basis	for deter	mination th	hat the pregnant wor	nan had a condition	
that required the property woman?	ocedi	ire to avert death or seri	ious impairment	t to the preg	gnant	that require woman?	d the pro	ocedure t	o avert dea	nth or serious impair	nent to the pregnant	
woman:						woman:						
Date last normal me		•		Physician	estimate	e of gestation (in weeks)	Post fer	rtilization age of the	fetus (in weeks)	
How were the gestat		age and post fertilization	n age determine	ed?		8				6		
ULTRASOUND												
Full name of physici	an pe	rforming termination										
DR. CAROL DELL	INGE	iR										
	-	orming termination (num		city, state,	and zip	code)		_				
200 S. WERIDIAN	ا , اا 	TUINITAFULIS, IN 40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
**Date Reported t	o DC	S, if Patient under 1	4 (month, day, ye	vear):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI)	(MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or to	wn, of pregna	•			County of preg	gnancy MONI			
Patient's age**	Marr		Date of pregnancy term	nination	Educat	tion							
32		☐ Yes ■ No	12/07/20	17					ollege, No Deg	ree			
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Other		n American	Unk			y anic or Latino Hispanic or Latin	10	Unknown		
Live Births:		Number now living	0						0				
Other Termination	s:	Number of spontaneou	us terminations 0			Numbe	r of ind	uced termi	nations 0				
Dates of termination	s (Do 1		nation. If more than six (6	**	st recent.)		5		6				
Fetus delivered alive	e?	1	me fetus survived:					Compli	cation(s) of Pregr	nancy 7	Termination		
☐ Yes ■	No						■ N	None	□ U	terine l	Perforation		
							П	Hemorrhag	te □ C	ervical	Laceration		
Fetus viable? Yes I	Nο	If viable, medical	reason for termination:					nfection	_	etained	Products		
	110								_	ctanico	Troducts		
Pathological examin	ation	If yes, results:						Other (Spec	сіƒу)				
performed?	ation	ii yes, iesuits.											
☐ Yes ■	No						Did this ☐ Yes			result i	n a maternal death?		
					L 165 - NO								
			Туре	e of Termina	ation Procedur	res							
Procedure that Term	inated	Pregnancy			Additional Pr	ocedure t	that Ter	minated P	regnancy				
Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsurg	gical) N	/lifepriston	ie				
☐ Medical (Nonsu	ırgical)				■ Medical	(Nonsurg	gical) M	Aisoprosto Other (Spec	1				
iviedicai (Nonst	irgicai,	Other (<i>specify</i>)			☐ Medicai	(INOHSUI §	gicai) C	ottier (spec	rgy)				
Medical (Surgion Medica		ction Curettage enstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration								
Medical (Surgio	cal) Ot	her (Specify)			☐ Medical	(Surgical	l) Other	r (Specify)					
For Medical (Surgic	al) pro	cedures, answer the fo	llowing question.		For Medical ((Surgical)) proced	lures, answ	ver the following	questio	on.		
	le or ha ■ No	ave a post fertilization	age at least 20 weeks?			us viable Yes 🔲		a post fer	tilization age at l	east 20	weeks?		
If the previous quest	ion wa	s answered yes, comp	lete the following question	ons.	If the previou	s questio	n was a	nswered y	es, complete the	followi	ng questions.		
	n the b	est opportunity to surv	vive?			us given t Yes		opportuni	ty to survive?				
			regnant woman had a cor								had a condition		
that required the programmer woman?	rocedui	e to avert death or ser	ious impairment to the pr	regnant	that required woman?	d the prod	cedure t	o avert dea	ath or serious im	pairmei	nt to the pregnant		
Date last normal me	nses be	egan	Physicia	an estimate	of gestation (i	n weeks)		Post fe	ertilization age of	the fet	us (in weeks)		
***		0/15/2017			8					6			
How were the gestat ULTRASOUND	nonal a	ge and post fertilization	on age determined?										
<u> </u>													
Full name of physici													
DR. CAROL DELL Address of physician			mber and street, city, sta	te. and zin a	rode)								
	-	DIANAPOLIS, IN 4		ie, ana zip e	oue)								
**Date Reported t						_							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCS	S I) (MONROE CO.) - 421 SOUT	'H COLLEGE AVE	ENUE,	City or t		ncy termination		County of pregnam	ncy termination ONROE
Dations 2 state	1	Т	Data C		:	l E i	.:			
Patient's age** 25	Mai	ried Yes No	Date of pregr	12/07/2017		Educat			ool Diploma or GE	ED
Race American Indian Native Hawaiian			Asian White	Black of Other	or Afric	an American	Unknown		y anic or Latino Hispanic or Latino	Unknown
Live Births:		Number now living	2				Number now o	leceased	0	
Other Termination		Number of spontaneou	s terminations				Number of ind	uced termi		
Dates of termination I. UNKNOWN	ns (Do	not include this termino 2. UNKNOWN	ution. If more t			ost recent.) 4	5		6	
Fetus delivered alive		If yes, length of tir	ne fetus surviv	/ed:				Compli	cation(s) of Pregnan	cy Termination
☐ Yes ■	No						•	None	Uter	ine Perforation
F		TC : 11 1: 1	<u> </u>					Hemorrhag	ge 🔲 Cerv	ical Laceration
Fetus viable? Yes	No	If viable, medical r	eason for term	nination:				Infection	☐ Reta	ined Products
								Other (Spec	cify)	
Pathological examin	ation	If yes, results:						outer (spec	cijy)	
performed?		ir yes, results.								
☐ Yes ■	No						Did thi ☐ Ye			ult in a maternal death?
				Type of	f Termii	nation Procedur	res			
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
							(Nonsurgical) I		•	
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsurgical) I	Misoprostol	1	
Medical (Nonsu	urgica	l) Other (Specify)				☐ Medical	(Nonsurgical) (Other (Spec	cify)	
		uction Curettage Ienstrual Aspiration					(Surgical) Suct (Surgical) Men			
Medical (Surgio							(Surgical) Well			
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing questic	on.		For Medical (Surgical) proced	dures, answ	ver the following qu	estion.
		nave a post fertilization a	age at least 20	weeks?				e a post fert	tilization age at leas	t 20 weeks?
☐ Yes [_	les □ No			
		as answered yes, comple		ng questions	3.	•	•	·	es, complete the foll	lowing questions.
	n the	best opportunity to survi	ive?				is given the best Yes \(\sime\) No	opportuni	ty to survive?	
		etermination that the pro-								man had a condition
that required the property woman?	rocedı	ire to avert death or seri	ous impairmer	nt to the preg	gnant	that required woman?	d the procedure	to avert dea	ath or serious impair	rment to the pregnant
Date last normal me	nses b	egan		Physician	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)
	(9/14/2017		-		12	,		10	· · · · · · · · · · · · · · · · · · ·
How were the gestat ULTRASOUND	tional	age and post fertilization	n age determin	ned?						
OLIKASOOND										
Full name of physici										
DR. CAROL DELL		rR orming termination (num	nhar and atter	it city atata	and =:-	code)				
	-	NDIANAPOLIS, IN 46		ı, спу, <i>ѕине</i> ,	ана zīp	coue)				
**Date Reported t	to DC	CS, if Patient under 14	(month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI)	(MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or to	own, of pregna	ncy termin			County of preg	nancy to			
Patient's age**	Marr		Date of pregnancy term	nination	Educat	tion							
20 Race		Yes No	12/07/20	17				Some Co Ethnicity	ollege, No Deg	ree			
American Indian Native Hawaiian			Asian Blac White Other		n American	☐ Unkn		☐ Hispa ■ Not I	y anic or Latino Hispanic or Latin	0	Unknown		
Live Births:		Number now living	0			Number	now d	eceased	0				
Other Termination	s:	Number of spontaneou	us terminations 0			Number	of ind	uced termi	nations 0				
Dates of termination	is (Do i		ation. If more than six (6		st recent.)				<u> </u>				
Fetus delivered alive	.?	1	me fetus survived:	4.			_ 5	Complia	cation(s) of Pregn	ancy To	ermination		
Yes Yes		ii yes, iengui oi ti	me ietus sui viveu.				■ N		_	•	erforation		
								Hemorrhag	_		Laceration		
Fetus viable?	N T	If viable, medical	reason for termination:						_				
☐ Yes ■ 1	No							nfection	_	etained	Products		
								Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									esult in	a maternal death?		
					☐ Yes ■ No								
			Туре	e of Termin	ation Procedur	res_							
Procedure that Term	inated	Pregnancy	J.F.		Additional Pr		hat Ter	minated Pr	regnancy				
☐ Medical (Nonsu								lifepriston					
☐ Medical (Nonsu	ırgical	Misoprostol			■ Medical	(Nonsurg	ical) N	lisoprostol	1				
Medical (Nonsu	ırgıcal	Other (Specify)			☐ Medical	(Nonsurgi	ical) C	Other (Spec	rify)				
Medical (Surgio		enstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration								
Medical (Surgio					☐ Medical	(Surgical)	Other	r (Specify)					
For Medical (Surgice	al) pro	cedures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.								
	le or ha	ave a post fertilization	age at least 20 weeks?			us viable o Yes 🔲		a post fert	tilization age at le	east 20 v	weeks?		
If the previous quest	ion wa	s answered yes, comp	lete the following question	ons.	If the previou	s question	n was a	nswered ye	es, complete the f	ollowin	g questions.		
	n the b	est opportunity to surv	vive?			us given tl Yes 🔲		opportuni	ty to survive?				
			regnant woman had a cor						hat the pregnant				
that required the pr woman?	rocedu	re to avert death or ser	ious impairment to the pr	regnant	that required woman?	d the proc	edure t	o avert dea	ath or serious imp	airmen	t to the pregnant		
Date last normal me	nses be	egan	Physicia	an estimate	of gestation (i	n weeks)		Post fe	ertilization age of	the fetu	ıs (in weeks)		
	0	9/28/2017			10	/				8	,		
How were the gestat ULTRASOUND	ional a	ge and post fertilization	on age determined?										
Full name of physici													
DR. CAROL DELL Address of physician			mber and street, city, sta	te, and zin a	code)								
	-	DIANAPOLIS, IN 4											
**Date Reported t						_							

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (N	IONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or to	own, of pregna			County of p	monroe MONROE		
						•						
Patient's age** 22	Married [d Yes No	Date of pregna	ancy term 2/07/201		Educa	tion		College, No D	egree		
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		nn American	☐ Un		ty panic or Latino : Hispanic or La			
Live Births:	Nι	umber now living	0				Numb	er now deceased	0			
Other Termination	s: Nu	ımber of spontaneou					Numb	per of induced terr				
Dates of termination	s (Do noi	t include this termin	ation. If more th	an six (6)	, those mo	ost recent.)		5		6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Comp	ication(s) of Pr	regnancy Termination		
	110							None None		Uterine Perforation		
Fetus viable?		If viable, medical	reason for termi	ination:				Hemorrh	ige 🗌	Cervical Laceration		
☐ Yes ■ I	No							☐ Infection		Retained Products		
Pathological examin	ation	If yes, results:						Other (Sp	есіƒу)			
performed?		•						Did this termina	tion of pregnan	cy result in a maternal deat	_ h?	
								Yes •		icy result in a maternal dead	.1:	
					<u> </u>							
	Туре	of Termin	nation Procedur									
Procedure that Term						e that Terminated						
Medical (Nonsu Medical (Nonsu Medical (Nonsu	Misoprostol			Medical	(Nonsu	rgical) Mifepristo rgical) Misoprost rgical) Other (Sp	ol					
											_	
Medical (Surgion Medical (Surgio	cal) Men	strual Aspiration				■ Medical	(Surgic	al) Suction Curet al) Menstrual As al) Other (Specify	oiration			
For Medical (Surgical	al) proced	dures, answer the fo	llowing question	n.		For Medical (Surgica	al) procedures, and	wer the followi	ing question.		
	le or have	e a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion was a	answered yes, comp	lete the followin	g question	ns.	If the previou	s questi	on was answered	yes, complete t	he following questions.		
Was the fetus giver ☐ Yes [t opportunity to surv	rive?				us given Yes [the best opportu	nity to survive?			
		rmination that the pa to avert death or ser								ant woman had a condition impairment to the pregnant		
Date last normal menses began Physician estimate of gestation (in weeks) O9/29/2017 Post fertilization age of the fetus (in weeks) 7												
How were the gestational age and post fertilization age determined? ULTRASOUND												
Full name of physici DR. CAROL DELL	INGER											
Address of physician 200 S. MERIDIAN S	-	-		, city, stat	e, and zip	code)						
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Addre PLANNED PARENTHOOD (PPC BLOOMINGTON, IN, 47403	ess (SI) (MONROE CO.) - 421 SOUTH COLLEGE	City (or town, of pregna	ncy termination		County of pregnancy termination MONROE				
Patient's age** Ma	Data of pr	egnancy termination	Educa	tion						
37 Ma	arried Date of pr	12/07/2017	Educa	uon	Asso	ciate Degree				
Race American Indian or A Native Hawaiian or C	Other Pacific Islander White	☐ Black or Af	rican American	Unknown	■ Not H	nic or Latino Iispanic or Latino				
Live Births:	Number now living	2		Number now o	leceased	0				
Other Terminations:	Number of spontaneous termination	ons O		Number of ind	luced termin	nations 0				
Dates of terminations (De	o not include this termination. If mo	re than six (6), those	most recent.)							
1	2 3		4	5	G1:-	6				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus sur	vived:			_	ation(s) of Pregnancy Termination				
					None	☐ Uterine Perforation				
Fetus viable?	If viable, medical reason for to	ermination:			Hemorrhage	e Cervical Laceration				
☐ Yes ■ No					Infection	☐ Retained Products				
					Other (Spec	ify)				
Pathological examination	n If yes, results:									
performed? ☐ Yes ■ No				Did thi	a tampinatia	on of pregnancy result in a maternal death?				
1cs 10										
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical Me				(Nonsurgical) I (Nonsurgical) I						
Medical (Nonsurgic	al) Other (Specify)			(Nonsurgical)						
Medical (Surgical)				(Surgical) Suct						
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)		☐ Medical	(Surgical) Men (Surgical) Othe	strual Aspir	ration				
	(of93)			(===8===)	- (~F5)))					
For Medical (Surgical) p	rocedures, answer the following que	stion.	For Medical	(Surgical) proced	dures, answ	er the following question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least	20 weeks?		us viable or have Yes No	e a post ferti	ilization age at least 20 weeks?				
										
If the previous question v	was answered yes, complete the follo	owing questions.	If the previou	s question was a	inswered ye	es, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	e best opportunity to survive?			us given the best Yes \(\square\) No	t opportunit	y to survive?				
		nan had a aar 4141 -			eminati 1	not the pregnent reason had !'e'				
that required the proceed	determination that the pregnant won dure to avert death or serious impairs		that require			nat the pregnant woman had a condition th or serious impairment to the pregnant				
woman?			woman?							
Date last normal menses	_	Physician estin	nate of gestation (i	n weeks)	Post fer	rtilization age of the fetus (in weeks)				
10/11/2017 7 5 How were the gestational age and post fertilization age determined?										
ULTRASOUND										
Full name of physician p	erforming termination									
DR. CAROL DELLING	ER									
	forming termination (number and st.	reet, city, state, and	zip code)							
200 S. WERIDIAN SI,	INDIANAPOLIS, IN 46225									
**Date Reported to D	CS, if Patient under 14 (month, de	ay, year):								

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Patient's age** 36	Marrie [ed ☐ Yes ■ No	Date of pregna	ncy termi 2/06/201		Educa	tion			No Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un		ity spanic or L t Hispanic		☐ Unknown		
Live Births:	N	umber now living	1				Numb	er now deceased		0			
Other Termination	s: N	umber of spontaneou					Numb	per of induced terr	ninations	0			
Dates of termination 1. UNKNOWN	s (Do no	ot include this termin	ation. If more the	an six (6)	, those mo	ost recent.) 4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survive	d:				Comp	lication(s)	of Pregnanc	y Termination		
☐ Yes ■ 1	NO							None		☐ Uterir	ne Perforation		
Fetus viable?		If viable, medical	reason for termin	nation:				Hemorrh	age	☐ Cervi	cal Laceration		
☐ Yes ■	No							☐ Infection		Retair	ned Products		
								Other (Sp.	ecify)				
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No							Did this termina ☐ Yes ■		gnancy resu	It in a maternal death?		
		of Termin	nation Procedu	res									
Procedure that Term	regnancy		Additional Pr	ocedure	e that Terminated	Pregnancy							
■ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) ■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) □ Medical (Nonsurgical) Other (Specify) □ Medical (Nonsurgical)								rgical) Misopros	tol				
	<i>3</i> ··· <i>y</i>	(-1 33)						8 / (357				
Medical (Surgio	cal) Suc	tion Curettage				☐ Medical	(Surgic	al) Suction Cure	tage				
☐ Medical (Surgio		nstrual Aspiration er (Specify)						al) Menstrual As al) Other (Specif					
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	1.		For Medical	(Surgica	al) procedures, an	swer the fo	llowing que	 stion.		
Was the fetus viab: ☐ Yes [_	ve a post fertilization	age at least 20 w	veeks?			us viabl Yes [e or have a post f	ertilization	age at least	20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the following	g question	ns.	If the previou	ıs questi	ion was answered	yes, comp	lete the follo	owing questions.		
Was the fetus give		st opportunity to surv	rive?				us giver Yes [n the best opportu No	nity to surv	vive?			
		ermination that the protect to avert death or ser									nan had a condition ment to the pregnant		
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)													
How were the gestat		01/2017 e and post fertilization	on age determine	d?		7				5			
ULTRASOUND		o una post rerumbuto	an age determine										
Eall and Colors													
Full name of physici DR. CAROL DELL	INGER												
Address of physician 200 S. MERIDIAN	_	-		city, state	e, and zip	code)							
**Date Reported t	to DCS,	, if Patient under 1-	4 (month, day, y	ear):									

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Facility Name and Ad PPIN-GEORGETOWN OR (P	dres: PGI) -	S 8590 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268	City or t	town, of pregna	•			County of pregnar	acy termination ARION			
22	Mar	ried Yes No	Date of pregn	nancy termi 12/06/201		Educa	tion	н		ol Diploma or GE	:D			
Race American Indian o Native Hawaiian o			Asian White	☐ Black ■ Other		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Numb	er now d	eceased	0				
Other Terminations:		Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0				
Dates of terminations	(Do	not include this termina	ition. If more t	han six (6)	, those me	ost recent.)								
1		2				4		5		6				
Fetus delivered alive? Yes No.		If yes, length of tir	ne fetus surviv	ed:					Complic	ration(s) of Pregnan	cy Termination			
	0							■ N	None	☐ Uteri	ne Perforation			
Fetus viable?		If viable, medical i	reason for term	nination:				☐ F	Hemorrhag	e 🗌 Cerv	ical Laceration			
☐ Yes ■ N	o							☐ I	nfection	☐ Retai	ned Products			
									Other (Spec	rify)				
Pathological examinat	ion	If yes, results:												
performed?														
☐ Yes ■ N							Did this			ılt in a maternal death?				
				Туре	of Termi	nation Procedu	res							
Procedure that Termin	natad	Dragnancy		•		Additional P		a that Tar	minated Dr	agnancy				
		•												
☐ Medical (Nonsur ☐ Medical (Nonsur									lifepriston lisoprostol					
Medical (Nonsur								nsurgical) Misoprostol nsurgical) Other (Specify)						
Medical (Surgica)	1) Si	uction Curettage							on Curetta					
☐ Medical (Surgica ☐ Medical (Surgica		Ienstrual Aspiration							strual Aspii r (Specify)	ration				
(Surgreu	., 0	arer (specify)					(Surgre	,	Сорослуу					
For Medical (Surgical) pro	ocedures, answer the fol	lowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.			
Was the fetus viable ☐ Yes ■		ave a post fertilization a	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at least	20 weeks?			
				<i>,</i> .		_		_	1	11 .6 11				
If the previous question	on wa	as answered yes, comple	ete the followi	ng questioi	ns.	If the previou	is questi	ion was a	nswered ye	es, complete the foll	owing questions.			
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ive?				us giver Yes [opportunit	y to survive?				
		etermination that the pr	agnant waman	had a aan	dition	_	_	_	mination tl	not the prognent we	nan had a condition			
that required the pro		re to avert death or seri				that require					ment to the pregnant			
woman?						woman?								
Date last normal mens		-		Physicia	n estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)			
How were the gestation		0/14/2017 age and post fertilization	n age determin	l ned?		6				4				
ULTRASOUND	, iiul (and post fortinzation	450 (1010)											
Full name of physician	_	-												
DR. CAROL DELLIN				4 **										
	-	orming termination (num		ı, cıty, state	e, and zip	coae)								
	,		-											
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOW	VN ROAD, INDIANAPOLIS,	IN, 46268	ty or town, of pregna	ncy termination	County of pregnance	ey termination						
Patient's age** 26 Married Yes		ancy termination 12/06/2017	on Educa	tion		ollege, No Degree						
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islan	☐ Asian der ■ White	Black or A	African American	Unknown		/ anic or Latino Hispanic or Latino	☐ Unknown					
Live Births: Number now liv	ving 1			Number now		0						
Other Terminations: Number of spor	ntaneous terminations			Number of in	duced termi							
Dates of terminations (Do not include this	termination. If more th	han six (6), tho	ose most recent.)	5		6						
Fetus delivered alive? If yes, leng	th of time fetus survive	ed:			Complic	cation(s) of Pregnancy	y Termination					
☐ Yes ■ No				■	None	☐ Uterin	e Perforation					
					Hemorrhag	e 🔲 Cervic	cal Laceration					
Fetus viable? If viable, m	edical reason for termi	ination:			Infection	— □ Retain	ed Products					
163 110						_	ica i roducis					
Pathological examination If yes, resu	lte.				Other (Spec	ujy)						
performed?	its.											
☐ Yes ■ No				Did th □ Y			t in a maternal death?					
					<u> </u>	<u> </u>						
		Type of T	ermination Procedu	res								
Procedure that Terminated Pregnancy		J		rocedure that To	arminated D	ragnancy.						
_						•						
Medical (Nonsurgical) MifepristoneMedical (Nonsurgical) Misoprostol				(Nonsurgical) (Nonsurgical)	Misoprostol	[
☐ Medical (Nonsurgical) Other (Specify	<i>'</i>)		☐ Medical	(Nonsurgical)	Other (Spec	ify)						
Medical (Surgical) Suction Curettage				(Surgical) Suc								
☐ Medical (Surgical) Menstrual Aspira ☐ Medical (Surgical) Other (Specify)	tion			(Surgical) Me (Surgical) Oth		ration						
For Medical (Surgical) procedures, answer	the following question	n.	For Medical	For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable or have a post fertile	zation age at least 20 v	weeks?	Was the fet	Was the fetus viable or have a post fertilization age at least 20 weeks?								
☐ Yes ■ No				Yes No	-							
If the previous question was answered yes	complete the following	ng questions.	If the previou	is question was	answered ye	es, complete the follo	wing questions.					
Was the fetus given the best opportunity ☐ Yes ☐ No	to survive?			us given the be Yes No	st opportunit	ty to survive?						
What was the basis for determination that						hat the pregnant wom						
that required the procedure to avert death woman?	or serious impairmen	t to the pregna	nt that require woman?	d the procedure	e to avert dea	nth or serious impairn	nent to the pregnant					
Date last normal menses began		Physician est	timate of gestation (in weeks)	Post fe	rtilization age of the	fetus (in weeks)					
10/07/2017		•	8	•		6						
How were the gestational age and post fert ULTRASOUND	ilization age determine	ed?										
Full name of physician performing termina DR. CAROL DELLINGER	ntion											
Address of physician performing terminati	on (number and street	, city, state, an	nd zip code)									
200 S. MERIDIAN ST, INDIANAPOLIS												
**Date Reported to DCS, if Patient un	nder 14 (month, day, y	vear):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PPIN-GEORGETOWN OR (PP	iress GI) - 85	90 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268	City or t	own, of pregna	•			County of pregnancy termination MARION			
									l				
Patient's age** 27	Marrie [d Yes • No	Date of pregn	nancy termin 12/06/2017		Educa	tion	н		ol Diploma or GE	:D		
Race American Indian or Native Hawaiian or			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Nı	ımber now living	1				Numb	er now d	eceased	0			
Other Terminations:	Νι	umber of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0			
Dates of terminations (Do no	t include this termina	ition. If more t	than six (6),	those mo	ost recent.)				<u> </u>			
1	2.		3			4		5		6			
Fetus delivered alive? Yes No)	If yes, length of tir	ne fetus surviv	ved:					Complic	ration(s) of Pregnan	cy Termination		
								■ N	None	☐ Uteri	ne Perforation		
Fetus viable?		If viable, medical i	reason for term	nination:				☐ F	Hemorrhage	e 🗌 Cerv	ical Laceration		
☐ Yes ■ No)							☐ I	nfection	Reta	ined Products		
									Other (Spec	rify)			
Pathological examination	on	If yes, results:											
performed?													
☐ Yes ■ No)							Did this			alt in a maternal death?		
				Type	of Termir	nation Procedu	res						
Procedure that Termina	atad D	eagnancy.		71		Additional Pr		that Tar	minated Dr	agnancy			
		•											
☐ Medical (Nonsurg									lifepriston Iisoprostol				
Medical (Nonsurg									ther (Speci				
Medical (Surgical)) Suct	ion Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge			
☐ Medical (Surgical) ☐ Medical (Surgical)) Men	strual Aspiration				Medical	(Surgic	al) Mens	strual Aspir (Specify)				
Wiedlear (Burglear)) Our	i (Speedy)				Wiedicar	(Burgie	ar) Ourc	(вресіду)				
For Medical (Surgical)	proce	dures, answer the fol	lowing questic	on.		For Medical	Surgica	ıl) proced	ures, answ	er the following que	estion.		
Was the fetus viable of Yes ■		e a post fertilization a	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at leas	20 weeks?		
						_	_	_					
If the previous question	n was a	answered yes, comple	ete the following	ng question	ıs.	If the previou	s questi	on was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus given tl ☐ Yes ☐		t opportunity to survi	ive?				us given Yes [opportunit	y to survive?			
		maination that the mu	aanant waman	had a aand	lition	_	_	_	mination tl	act the mucement vice	man had a condition		
What was the basis for that required the proc						that require					man had a condition ment to the pregnant		
woman?						woman?							
Date last normal mense	_			Physician	n estimate	e of gestation (i	n weeks	s)	Post fer	rtilization age of the	e fetus (in weeks)		
How were the gestation		16/2017	n age determin	l ned?		8				6			
ULTRASOUND	nai age	and post fertifization	n age determin	ieu:									
Full name of physician	perfo	rming termination											
DR. CAROL DELLING													
Address of physician po 200 S. MERIDIAN ST		-		t, city, state	, and zip	code)							
	,	02.0, 114 40											
**Date Reported to l	DCS,	if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

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Facility Name and Ad	acility Name and Address Acility Name and Address N-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City or town, of pregnancy termination County of pregnancy termination										
FRIN-GEORGETOWN OR (P	- GIJ - 8	J90 GEORGE I OWN KOAL	, INDIANAPULIS,	114, 40208	IND	IANAPOL	IS		MARION		
Patient's age** 19	Marri	ed □ Yes ■ No		ancy termination	on Edv	ucation	Hig	h School Diploma	or GED		
Race American Indian o			Asian White	Black or A	African American	☐ Uni	known	Ethnicity Hispanic or Latino Not Hispanic or La			
Live Births:	N	lumber now living	1				er now dec	0			
Other Terminations:	•	lumber of spontaneou	0			Numb	er of induc	ed terminations			
Dates of terminations		ot include this termino 2					5.		6		
Fetus delivered alive?	1	If yes, length of tir						Complication(s) of Pr			
							■ No		Uterine Perforation		
Fetus viable?		If viable, medical i	reason for term	nination:			☐ He	morrhage	Cervical Laceration		
Yes N	O						_	ection	Retained Products		
Pathological examinat	tion	If yes, results:					☐ Otl	her (Specify)			
performed?		ii yes, iesuits.									
☐ Yes ■ N	lo						Did this to	ermination of pregnan No	cy result in a maternal death?		
				Type of Te	ermination Proce	edures					
Procedure that Termin	nated F	Pregnancy			Additiona	l Procedure	that Term	inated Pregnancy			
Medical (Nonsur					☐ Medi	ical (Nonsui ical (Nonsui	rgical) Mi	fepristone			
Medical (Nonsur	gical)	Other (Specify)			☐ Medi	ical (Nonsu	rgical) Oth	ner (Specify)			
Medical (Surgica		ction Curettage nstrual Aspiration				ical (Surgical		Curettage ual Aspiration			
Medical (Surgica						ical (Surgical					
For Medical (Surgical	l) proc	edures, answer the fol	lowing questic	on.	For Medic	cal (Surgica	l) procedu	res, answer the followi	ng question.		
Was the fetus viable ☐ Yes ■		ve a post fertilization a	age at least 20	weeks?		fetus viable Yes		post fertilization age a	at least 20 weeks?		
If the previous question	on was	answered yes, comple	ete the following	ng questions.	If the prev	vious questi	on was ans	wered yes, complete t	he following questions.		
Was the fetus given ☐ Yes ☐		st opportunity to surv	ive?			fetus given Yes		pportunity to survive?			
		ermination that the preto avert death or seri							ant woman had a condition impairment to the pregnant		
woman?	ccaure	to avert death of seri	ous impairmer	it to the pregnan	woman?		seedure to	avert death of serious	impairment to the pregnant		
				T	ı						
Date last normal mens		gan /19/2017		Physician esti	mate of gestatio	on (in weeks	·)	Post fertilization age	e of the fetus (in weeks) 9		
_	How were the gestational age and post fertilization age determined?										
ULTRASOUND	LIKASOUND										
Full name of physician DR. CAROL DELLIN	_	-									
Address of physician	perfor	ming termination (nur		t, city, state, and	d zip code)						
200 S. MERIDIAN S	ı, INE	JIANAPULIS, IN 46	<u> </u>								
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PPIN-GEORGETOWN OR (F	ddress PPGI) -	8590 GEORGETOWN ROAD	, INDIANAPOLIS,	, IN, 46268	City or t		ncy termination		County of pregnancy termination MARION
						T = -			
Patient's age** 25	Marı	ried Yes I No	Date of pregn	nancy termina 12/06/2017	ation	Educa	tion		bllege, No Degree
Race American Indian	or Oth	ner Pacific Islander	Asian White	Black o	or Afric	an American	Unknown	■ Not I	y anic or Latino Hispanic or Latino
Live Births:		Number now living	2				Number now d		0
Other Terminations	s:	Number of spontaneou	s terminations 0				Number of ind	uced termi	nations 3
Dates of terminations	s (Do	not include this termina 2. 2014	ution. If more t		hose m	ost recent.)	5		6
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:				Complic	cation(s) of Pregnancy Termination
Yes N	Vо						• 1	None	☐ Uterine Perforation
							I	Hemorrhag	e Cervical Laceration
Fetus viable? Yes N	No.	If viable, medical r	eason for term	nination:				Infection	Retained Products
								Other (Spec	_
Pathological examina	ntion	If yes, results:						Julei (Spec	cty)
performed?	ation	ii yes, iesuits:							
☐ Yes ■ N	No						Did this		on of pregnancy result in a maternal death?
		<u> </u>						3 🗀 11	0
				Type of	Termi	nation Procedur	res		
Procedure that Termi	nated	Pregnancy		31			ocedure that Ter	minated Pr	reanancy
		•							
Medical (Nonsur Medical (Nonsur							(Nonsurgical) N (Nonsurgical) N		
Medical (Nonsur	rgical	Other (Specify)				☐ Medical	(Nonsurgical) (Other (Spec	rify)
Medical (Surgica							(Surgical) Sucti		
☐ Medical (Surgical ☐ Medical (Surgical ☐ Medical (Surgical ☐ Medical ☐ Medical ☐ Medical ☐ Medical (Surgical ☐ Medical ☐ Med		enstrual Aspiration ther (Specify)					(Surgical) Mens (Surgical) Othe		ration
For Medical (Surgica	ıl) pro	cedures, answer the fol	lowing questic	on.		For Medical ((Surgical) proced	lures, answ	ver the following question.
		ave a post fertilization a	age at least 20	weeks?				a post fert	tilization age at least 20 weeks?
Yes [_		ata tha fallawi	na avastians			Yes No		es, complete the following questions.
		s answered yes, comple		ng questions.	•	•	•	•	
Was the fetus given Yes		est opportunity to survi	ive?				us given the best Yes	opportuni	ty to survive?
		etermination that the pro-							hat the pregnant woman had a condition
woman?	ocedu	re to avert death or serie	ous impairmer	nt to the pregi	nant	woman?	d the procedure t	to avert dea	ath or serious impairment to the pregnant
Date last normal men	ises be	egan		Physician 6	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)
***		9/05/2017	•	10		9			7
How were the gestation	onal a	ge and post fertilization	n age determin	ned?					
L									
Full name of physicia DR. CAROL DELLII									
Address of physician	perfo	rming termination (num		t, city, state, o	and zip	code)			
200 G. INCIGIDIAN	, IIV	DEIO, IN 40							
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr PPIN-GEORGETOWN OR (PPG	ess ii) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or town, o	of pregnan	•		County of pregnancy termination MARION			
Patient's age** M	arried No	Date of pregnancy term 12/06/20		Education	on		h, No Diploma			
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blac ☐ White ■ Othe	k or African Ame		Unknown		nic or Latino Iispanic or Latino	☐ Unknown		
Live Births:	Number now living	4			Number now de	eceased	0			
Other Terminations:	Number of spontaneou	is terminations			Number of indu	uced termin	nations 0			
Dates of terminations (D	I Do not include this termin	ation. If more than six (6), those most rece	ent.)			0			
1	T	3	4		5		6			
Fetus delivered alive? ☐ Yes ■ No	If yes, length of ti	me fetus survived:				Complic	ation(s) of Pregnanc	y Termination		
					■ N	None	☐ Uterir	ne Perforation		
Fetus viable?	If viable, medical	reason for termination:			I	Hemorrhage	e 🔲 Cervie	cal Laceration		
☐ Yes ■ No					☐ I	nfection	☐ Retain	ned Products		
						Other (Spec	ify)			
Pathological examination	n If yes, results:									
performed?										
☐ Yes ■ No					Did this			lt in a maternal death?		
Type of Termination Procedures										
Procedure that Terminat	ed Pregnancy				cedure that Terr	minated Pro	egnancy			
	•									
Medical (NonsurgionMedical (Nonsurgion	cal) Misoprostol			Medical (Nonsurgical) M Nonsurgical) M	Iisoprostol				
☐ Medical (Nonsurgio	cal) Other (Specify)			Medical (l	Nonsurgical) O	ther (Speci	fy)			
Medical (Surgical)					Surgical) Suction					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				Surgical) Mens Surgical) Other		ration			
	1 (1 6			<i>f</i> 1' 1/0	1		4 6 11 '			
	procedures, answer the fo						er the following que			
Was the fetus viable or Yes \(\partial\) \(\Partial\)	r have a post fertilization No	age at least 20 weeks?	Was		s viable or have es	a post ferti	ilization age at least	20 weeks?		
If the previous question	was answered yes, compl	late the following questic	one If the	nravious	auestion was a	newarad va	s, complete the follo	wing questions		
•		•		•	•	·	•	wing questions.		
Was the fetus given the	e best opportunity to surv No	ive?	Was		s given the best es No	opportunit	y to survive?			
What was the basis for	determination that the pr	egnant woman had a con	ndition Wh	at was the	e basis for deter	mination th	nat the pregnant won	nan had a condition		
	dure to avert death or ser		regnant that				th or serious impairr			
woman :			WOI	man:						
Date last normal menses	began 10/07/2017	Physicia	an estimate of ges	station (<i>in</i> 7	weeks)	Post fer	tilization age of the 5	tetus (in weeks)		
How were the gestationa	al age and post fertilization	on age determined?	•				<u> </u>			
ULTRASOUND										
Full name of physician p	-									
	FER rforming termination (num	mber and street, city, star	te, and zip code)							
200 S. MERIDIAN ST,	=									
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year):					-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Yes No Was the fetus given the best opportunity to survive? Yes No Yes No Post fertilization age of the fetus (in weeks) that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began	Second Comment Note No No No 12000/2017 Second Diploma or GED	Facility Name and Addre	ess I) - 8590 GEORGETOWN ROAD), INDIANAPOLIS, IN, 46268	City or town, of pregnancy termination					ation		
Agriculture No. No. 1206/2017 High School Diploma or GED	Second Comment Note No No No 12000/2017 Second Diploma or GED	Dationt's**		Data of	inati	Tri .	ior					
American Indian or Alaska Native Asian Asian Other Other Other Certification Other Particle Bladed With Other Other Particle Bladed Without	Autorical Industrian Alasha Sartive White Other	32				Educat	ion		•			
Other Terminations: Delication of precision of the continuous (Po not include this reminations) Number of induced terminations	Discrete from the control of the c	☐ American Indian or A	· · · · · · · · · · · · · · · · · · ·	= =		an American	☐ Unl	□н	spanic or Latino	Unknown		
District terminations (Po not include this termination if more than six (6), those more recent.)	Date of Irraminations (No not include this termination.) If yes, length of time ferus survived: Complications(1) of Pregnancy Termination None	Live Births:	Number now living	0			Numb	er now deceased				
Dates of ferminations (De not include bits termination. If more than six (6), those most recent.) Complication(s) of Pregnancy Termination None	Dates of terminations (Do not include this termination.) If more shows six (6), those most recent.) From delivered allow? Yes No	Other Terminations:	Number of spontaneou	s terminations			Numb	er of induced te				
Fetus delivered alive? Yes No	Fetus dulivered adive? Yes No	Dates of terminations (D	 o not include this termind	ation. If more than six (6,), those mo	ost recent.)			0			
None Uterine Perforation Hemorrhage Cervical Laceration Hemorrhage Cervical Laceration Infection Retained Products Other (Specify) Did this termination of pregnancy result in a maternal death?	None Uterine Perforation Pertus viable? If viable, medical reason for termination:	1	2	3		4		5	6			
Fecus viable?	None Uterine Performation		If yes, length of tir	ne fetus survived:				Com	plication(s) of Pregnancy Termin	ation		
Fetus visuble? If viable, medical reason for termination:	Fetus 's like?	☐ Yes ■ No				ation						
Pathological examination Cother (Specify)	Publological examination performed?	T : 1110	70 : 11 1: 1					☐ Hemorri	nage	ation		
Pathological examination If yes, results:	Pathological examination Pathological examination Procedures Pathological examination Procedures Procedures Procedure that Terminated Pregnancy Procedure that Terminated Pregnancy Additional Procedures		If viable, medical	reason for termination:				☐ Infection	Retained Produ	ıcts		
Publological examination performed?	Pathological examination performed Yes No No Wes No Did this termination of pregnancy result in a maternal death? Yes No Did this termination of pregnancy result in a maternal death? Ves No Did this termination of pregnancy result in a maternal death? Ves No Did this termination of pregnancy result in a maternal death? Ves No Did this termination of pregnancy result in a maternal death? Ves No Did this termination of pregnancy result in a maternal death? Ves No Did this termination of pregnancy result in a maternal death? Ves No Did this termination of pregnancy result in a maternal death? Ves No Did this termination of pregnancy result in a maternal death? Did this termination of pregnancy res							_	_			
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	**Date Reported to DCS, if Patient under 14 (month, day, year):	**Date Reported to D	CS, if Patient under 14	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/13/2017

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PPIN-GEORGETOWN OR (PP	iress GI) - 8	3590 GEORGETOWN ROAD), INDIANAPOLIS,	IN, 46268	City or t	town, of pregna				County of pregna	ncy termination
Patient's age** 36	Marri	ed □ Yes ■ No	Date of pregn	nancy termin 12/06/2017		Educa	tion	н		ol Diploma or G	ED
Race American Indian or Native Hawaiian or			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:	ı	Number now living	2				Numb	er now d		0	
Other Terminations:	1	Number of spontaneou					Numb	er of ind	uced termin		
Dates of terminations (Do n	ot include this termina		han six (6),	those me	ost recent.)		5.		6.	
Fetus delivered alive?		If yes, length of tir		red:					Complic	cation(s) of Pregnar	ncy Termination
Yes No)							■ N	None	☐ Uter	rine Perforation
								□ I	Hemorrhage	e 🔲 Cerv	vical Laceration
Fetus viable? ☐ Yes ■ No)	If viable, medical i	eason for term	ination:				☐ I	nfection	☐ Reta	nined Products
								— П (Other (Spec	rify)	
Pathological examinati	on	If yes, results:							outer (spee	957	
performed?		J ,						=			
☐ Yes ■ No)							Did this			sult in a maternal death?
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Procedure that Termina	ated l	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy	
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☐ Yes ☐	No						Yes [No			
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woman?	cuu	o to avert double of son	ouspu	it to the pro	Simil	woman?	a are pr	occurre t	o a verr dea	or seriouspu.	rment to the pregnant
Date last normal mense				Physician	n estimate	e of gestation (in weeks	i)	Post fe	rtilization age of th	· ·
How were the gestation		/20/2017 ge and post fertilization	n age determin	led?		9				7	
ULTRASOUND	_										
									-		
Full name of physician DR. CAROL DELLIN	-	-									
Address of physician p		-		t, city, state	, and zip	code)					
200 S. MERIDIAN ST	, INI	DIANAPOLIS, IN 46	225								
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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I mark at the T					Ι	.•					
23	Iarried Yes I N	Date of pregr	nancy termin		Educa	tion	Hi		ol Diploma	a or GED	
Race American Indian or Native Hawaiian or		Asian er • White	☐ Black		an American	Unkı	nown		nic or Latin lispanic or I		Unknown
Live Births:	Number now living	ng 0				Number			0		
Other Terminations:	Number of sponta	nneous terminations	1			Number	r of indu	ced termir			
Dates of terminations (I	Do not include this te	rmination. If more	than six (6),	those me	ost recent.)						
1	2	3			4		_ 5			6	
Fetus delivered alive? Yes No	If yes, length	of time fetus surviv	ved:					Complic	ation(s) of F	regnancy T	ermination
							■ N	lone		Uterine I	Perforation
F	76 : 11	1. 1	• .•				□ н	lemorrhage	e 🗆] Cervical	Laceration
Fetus viable? ☐ Yes ■ No	If viable, med	lical reason for tern	nination:				□ Ir	nfection		l Retained	Products
							_		:6)		
Ball to the state of	70 1						Цο	ther (Spec	ıJy)		
Pathological examination performed?	on If yes, results	:									
☐ Yes ■ No										ncy result in	n a maternal death?
							☐ Yes	■ No)		
			Type o	of Termin	nation Procedur	res					
Procedure that Terminal	ted Pregnancy				Additional Pr	ocedure t	hat Terr	ninated Pro	egnancy		
☐ Medical (Nonsurgi	cal) Mifepristone				☐ Medical	(Nonsurg	gical) M	lifepristone	•		
☐ Medical (Nonsurgion Medical (Nonsurgio Medi	cal) Misoprostol cal) Other (Specify)							lisoprostol ther (Speci	·6.)		
Wiedical (I volisuigh	car) Other (Specify)				wiedicar	(140fisurg	sicar) O	ther (Speci	<i>J y j</i>		
Medical (Surgical)	Suction Curettage Menstrual Aspiration							on Curettag			
Medical (Surgical)		on						trual Aspir (Specify)	ation		
For Medical (Surgical)	procedures answer th	ne following questic	On.		For Medical ((Surgical)	proced	urec ancw	er the follow	vina anestic	nn
						_	_				
Was the fetus viable o ☐ Yes ■		ition age at least 20	weeks?		Was the fet	Yes		a post ferti	lization age	at least 20	weeks?
If the previous question	was answered yes, c	omplete the followi	ng question	ıs.	If the previou	is question	n was ar	iswered ye	s, complete	the followi	ng questions.
Was the fetus given th ☐ Yes ☐ 1		survive?			Was the fet	us given t Yes		opportunit	y to survive	?	
What was the basis for		he pregnant womar	n had a cond	lition	_	_		mination th	at the pregr	nant woman	had a condition
that required the proce		1 0			that require						nt to the pregnant
woman?					woman?						
Date last normal menses	s began 11/01/2017		Physician	n estimate	e of gestation (i	in weeks)		Post fer	tilization ag	ge of the fet	us (in weeks)
How were the gestation		zation age determin	ned?								
ULTRASOUND											
Full name of physician p	SHMAN										
Address of physician pe 8590 GEORGETOWN	=		et, city, state,	, and zip	code)						
**Date Reported to I	DCS, if Patient und	er 14 (month, day.	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANAPOL	City	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION							
Patient's age** Ma	Data of pro	gnancy termination	n Educa	tion						
Patient's age Ma	rried Date of pre	12/13/2017	Educa		Some College, N	o Degree				
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	☐ Black or At	frican American	Unknown	Ethnicity Hispanic or La Not Hispanic of					
Live Births:	Number now living)		Number now de	ceased 0					
Other Terminations:	Number of spontaneous termination	1S)		Number of indu	ced terminations					
Dates of terminations (De	o not include this termination. If more	than six (6), those	e most recent.)							
1	2 3		4	5	C 1: (: ()	6				
Fetus delivered alive? Yes No	If yes, length of time fetus surv	ived:			-	of Pregnancy Termination				
				■ N	one	Uterine Perforation				
Fetus viable?	If viable, medical reason for ter	mination:		— П	emorrhage	☐ Cervical Laceration				
☐ Yes ■ No	,			☐ In	fection	☐ Retained Products				
			□ o	ther (Specify)						
Pathological examination	If yes, results:									
performed? ☐ Yes ■ No				Dia 4.1	tarmination of	manay racult in a matamat 1-4-0				
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No										
		Type of Ter	mination Procedu	es						
Procedure that Terminate	d Pregnancy	71			ninated Pregnancy					
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical				(Nonsurgical) M (Nonsurgical) M						
Medical (Nonsurgical				(Nonsurgical) Of						
Medical (Surgical) S	Suction Curettage		_	(Surgical) Suction	n Curettage					
	Menstrual Aspiration		☐ Medical	(Surgical) Menst (Surgical) Other	rual Aspiration					
in Medicai (Surgicai)	Other (Specify)		Wedical	(Surgical) Office	(Specify)					
For Medical (Surgical) pr	rocedures, answer the following quest	tion.	For Medical (Surgical) procedu	ires, answer the fol	lowing question.				
	have a post fertilization age at least 2	0 weeks?			a post fertilization a	age at least 20 weeks?				
☐ Yes ■ N	0			es □ No						
If the previous question v	vas answered yes, complete the follow	ving questions.	If the previou	s question was an	swered yes, comple	ete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best of	opportunity to survi	ive?				
				_						
	determination that the pregnant wom- lure to avert death or serious impairm					egnant woman had a condition ous impairment to the pregnant				
woman?	1	1 0	woman?	•						
Date last normal menses	began	Physician estir	nate of gestation (i	n weeks)	Post fertilization	age of the fetus (in weeks)				
	10/20/2017		7			5				
How were the gestational ULTRASOUND	age and post fertilization age determ									
CLINASCOND										
Full name of physician po	erforming termination					1				
DR. CASANDRA CASH	=									
	forming termination (number and stre		zip code)							
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 46268	3								
**Date Reported to Do	CS, if Patient under 14 (month, day	y, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Addre	ESS 1) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City o	or town, of pregna	ncy termination	County of pregnancy termination MARION						
Patient's age** Ma	arried Date of preg	nancy termination	Educa	tion							
25	Yes No	12/13/2017			1	llege, No Degree					
Race American Indian or A Native Hawaiian or C	Other Pacific Islander White	■ Black or Afr	rican American	Unknown	■ Not H	nic or Latino lispanic or Latino					
Live Births:	Number now living 2			Number now		0					
Other Terminations:	Number of spontaneous terminations 0	S		Number of in	duced termir	nations 0					
Dates of terminations (Dates)	o not include this termination. If more	than six (6), those	most recent.)								
Fetus delivered alive?	If yes, length of time fetus survi	d.	4	5	Complic	ation(s) of Pregnancy Termination					
Yes No	if yes, length of time fetus survi	veu:			None	Uterine Perforation					
Fetus viable?	If viable, medical reason for terr	nination:			Hemorrhage	e Cervical Laceration					
☐ Yes ■ No					Infection	☐ Retained Products					
					Other (Spec	ify)					
Pathological examination performed?	If yes, results:										
Yes No	☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death?										
		Type of Terr	mination Procedur	res							
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Te	erminated Pr	egnancy					
Medical (Nonsurgical)	al) Mifepristone		☐ Medical	(Nonsurgical)	Mifepristone	e					
Medical (Nonsurgical Medical (Nonsurgical Nonsurgical Nons				(Nonsurgical) (Nonsurgical)							
	any said (operay)			(1 tonourgroun)	outer (speed						
☐ Medical (Surgical) ☐ Medical (Surgical)	Suction Curettage Menstrual Aspiration			(Surgical) Suc (Surgical) Mer							
Medical (Surgical)				(Surgical) Oth							
For Medical (Surgical) p	rocedures, answer the following questi	on.	For Medical ((Surgical) proce	edures, answ	er the following question.					
Was the fetus viable or	have a post fertilization age at least 20) weeks?	Was the fet	us viable or hav	ve a post ferti	ilization age at least 20 weeks?					
☐ Yes ☐ N				Yes No	•						
If the previous question v	was answered yes, complete the follow	ing questions.	If the previou	s question was	answered ye	s, complete the following questions.					
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the bes	st opportunit	y to survive?					
				Yes No							
	determination that the pregnant woman dure to avert death or serious impairme					nat the pregnant woman had a condition th or serious impairment to the pregnant					
woman?			woman?								
Date last normal menses	•	Physician estim	ate of gestation (i	n weeks)	Post fer	rtilization age of the fetus (in weeks)					
	09/17/2017 I age and post fertilization age determine	ned?	8			6					
ULTRASOUND	post retainzation age determin										
Full name of physician p	=										
DR. CASANDRA CASI		at aits atata 1	in andal								
	forming termination (number and street ROAD, INDIANAPOLIS, IN 46268	гı, сиу, state, and z	ір соае)								
	·										
**Date Reported to D	CS, if Patient under 14 (month, day,	, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION					n							
	1												
Patient's age** 24	Marr	ied □ Yes ■ No	Date of pregr	nancy term 12/13/20		Educa	ation			th, No Diploma			
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Unkr	nown		/ anic or Latino Hispanic or Latino	∪ Unkr	nown	
Live Births:		Number now living	1				Number			0			
Other Termination	ıs:	Number of spontaneou	<u> </u>				Number	r of indu	uced termi	nations			
		not include this termin	v	,		ost recent.)		5		1			
Fetus delivered alive	 e?	If yes, length of ti				4		_ 3	Compli	cation(s) of Pregn	ancy Termination	n	
☐ Yes ■		3 ***, ** 3 **						■ N	None	☐ Ut	erine Perforation	l	
								—	Hemorrhag	е П Се	rvical Laceratior	1	
Fetus viable?	NT -	If viable, medical	reason for term	nination:						_		1	
☐ Yes ■	NO							_	nfection	_	tained Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									on of pregnancy r	esult in a matern	al death?	
							<u> </u>	☐ Yes	s 🔳 N	0			
				Type	e of Termi	nation Procedu	ires						
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
		•											
Medical (Nonsu									lifepriston lisoprostol				
		Other (Specify)							Other (Spec				
Medical (Surgio									on Curetta				
☐ Medical (Surgion Med		enstrual Aspiration ther (Specify)					l (Surgical) l (Surgical)		strual Aspi r (<i>Specify</i>)	ration			
For Medical (Surgic	al) pro	cedures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
		ave a post fertilization	age at least 20	weeks?					a post fert	tilization age at le	ast 20 weeks?		
	■ No tion wa	s answered yes, comp	lete the followi	ng questic	ons	_	Yes		nswered vo	es, complete the f	ollowing questio	ns	
		est opportunity to surv		ng quesus	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	_			ty to survive?	ono wing question		
☐ Yes [☐ No	•					Yes						
		etermination that the properties to avert death or ser								hat the pregnant vath or serious imp			
woman?	occuu	te to avert death of ser	ious impuninei	nt to the pi	regnant	woman?	a the proc	caure t	o avert det	itir or serious imp	arment to the pr	Cgnant	
Date last normal me		egan 0/03/2017		Physicia	an estimate	e of gestation (in weeks)		Post fe	rtilization age of	he fetus (in week	ks)	
How were the gestat		ge and post fertilization	ned?							-			
ULTRASOUND													
E-11 0 1 1 1		G :											
Full name of physici	CASHI	MAN											
	-	rming termination (nu.		t, city, sta	te, and zip	code)							
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and A	S • 8590 GEORGETOWN ROA	City or town, of pregnancy termination										
Patient's age** 28	Mar	ried Yes I No	Date of pregr	nancy term 12/13/20		Educa	ntion			elor's Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Unkr	nown		y anic or Latino Hispanic or Latin	0	Unknown
Live Births:		Number now living	0				Number		eceased	0		
Other Termination	s:	Number of spontaneou					Number	r of ind	uced termi	nations		
Dates of termination 1. 06/09/2015	s (Do	not include this termin		,	**	ost recent.)		_ 5				
Fetus delivered alive	?	If yes, length of ti							Compli	cation(s) of Pregn	ancy T	ermination
☐ Yes ■	No							■ N	None	□ U ₁	terine P	erforation
								П	Hemorrhag	e \square Co	ervical	Laceration
Fetus viable? Yes	N _O	If viable, medical	reason for term	nination:					nfection			Products
l les	NO									_	etameu	Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No										esult ir	a maternal death?
								☐ Yes	s I N	0		
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsu									lifepriston			
Medical (Nonsu Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)							lisoprostol other (Spec			
	1) 0						/G : 1) a .:				
Medical (Surgio	cal) M	uction Curettage Ienstrual Aspiration				☐ Medical	(Surgical) Mens	on Curetta strual Aspi			
Medical (Surgio	cal) O	ther (Specify)				☐ Medical	(Surgical) Other	r (Specify)			
For Medical (Surgic	al) pro	ocedures, answer the fo	llowing question	on.		For Medical	(Surgical)	proced	lures, answ	er the following	questio	n.
	le or h	ave a post fertilization	age at least 20	weeks?			tus viable (a post fert	tilization age at le	ast 20	weeks?
		as answered yes, comp	lete the followi	ng questic	ons.	_	_		nswered vo	es, complete the t	ollowin	ng questions.
Was the fetus give	n the b	pest opportunity to surv		<i>C</i> 1		Was the fer	tus give <u>n</u> t	he best	•	ty to survive?		
☐ Yes ☐	□ No						Yes	No				
		etermination that the property to avert death or ser								hat the pregnant vath or serious imp		
woman?	occuu	ne to avert death of ser	ious impairmei	it to the pi	Contain	woman?	a the proc	caure t	o avert det	an or serious imp	an men	t to the pregnant
Date last normal me		•		Physicia	an estimate	e of gestation (in weeks)		Post fe	ertilization age of	the fetu	ıs (in weeks)
How were the gestational age and post fertilization age determined?										4		
How were the gestat	age and post tertilizatio											
Full name of physici	_	-										
Address of physician	n perfo	orming termination (nu		t, city, sta	te, and zip	code)						
8590 GEORGETO	WN R	OAD, INDIANAPOL	IS, IN 46268									
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year): _								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addrest PPIN-GEORGETOWN OR (PPGI)	SS - 8590 GEORGETOWN ROAD, INDIANA	APOLIS, IN, 46268	IN, 46268 City or town, of pregnancy termination INDIANAPOLIS County of pregnancy MAR								
27	rried Date of Yes No	f pregnancy termination 12/13/2017	n Educa		Bachelor's Degree						
Race American Indian or A Native Hawaiian or O	ther Pacific Islander 🔳 Whit	=	frican American	Unknown •	nnicity Hispanic or Latino Not Hispanic or Latino Unknown						
Live Births:	Number now living	0		Number now decea	sed 0						
Other Terminations:	Number of spontaneous termin			Number of induced	terminations						
	o not include this termination. If	more than six (6), those	e most recent.)		0						
1	2 3.		4	5	6						
Fetus delivered alive?	If yes, length of time fetus	survived:		Co	omplication(s) of Pregnancy Termination						
☐ Yes ■ No				■ None	☐ Uterine Perforation						
				П Нете	orrhage Cervical Laceration						
Fetus viable?	If viable, medical reason for	or termination:			_						
☐ Yes ■ No				☐ Infec	tion Retained Products						
				Other	(Specify)						
Pathological examination	If yes, results:										
performed? Yes No				B:1.11							
l ies 🖺 No					mination of pregnancy result in a maternal death? No						
				, — — —							
		Type of T-	rmination Procedu	rac							
		Type of Te	Illination Flocedu	ies							
Procedure that Terminate	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
■ Medical (Nonsurgical				(Nonsurgical) Mifep							
Medical (Nonsurgical Medical Medical (Nonsurgical Medical /li>				(Nonsurgical) Misor (Nonsurgical) Other							
	(-1 - 32)			(8)	(- <u>x</u> 437)						
			_								
☐ Medical (Surgical) S☐ Medical (Surgical) M	Suction Curettage		Medical	(Surgical) Suction C (Surgical) Menstrua	Curettage						
Medical (Surgical) Medical (Surgical)				(Surgical) Menstrua (Surgical) Other (Sp							
			_								
For Medical (Surgical) pr	ocedures, answer the following o	question.	For Medical	(Surgical) procedures	, answer the following question.						
	have a post fertilization age at le	ast 20 weeks?			ost fertilization age at least 20 weeks?						
☐ Yes ☐ N	0			Yes No							
If the previous question w	vas answered yes, complete the f	ollowing questions.	If the previou	s question was answe	ered yes, complete the following questions.						
Was the fetus given the	best opportunity to survive?		Was the fet	us given the best opp	ortunity to survive?						
Yes No	0			Yes No							
	determination that the pregnant v				ation that the pregnant woman had a condition						
that required the proced woman?	ure to avert death or serious imp	airment to the pregnan	t that require woman?	d the procedure to av	ert death or serious impairment to the pregnant						
Date last normal menses l	-	Physician estin	mate of gestation (n weeks)	Post fertilization age of the fetus (in weeks)						
	10/10/2017 age and post fertilization age de		6								
ULTRASOUND	age and post retifization age de	termined:									
Full name of physician pe	erforming termination										
DR. CASANDRA CASH	=										
Address of physician perf	forming termination (number and	d street, city, state, and	zip code)								
8590 GEORGETOWN F	ROAD, INDIANAPOLIS, IN 46	6268									
**Date Reported to DO	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and A	Addres (PPGI)	SS - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to	own, of pregna	•		County of pregnancy te						
Dations to			Data of	· 4°	1 - 1	4:_								
Patient's age** 25	Ma	rried Yes I No	Date of pregnancy term 12/13/201		Educa	tion		ollege, No Degree						
Race American Indian Native Hawaiian			☐ Asian ☐ Blac ■ White ☐ Othe		nn American		Ethnici Hisp nknown Not ber now deceased	ry panic or Latino Hispanic or Latino	Unknown					
Live Births:			2					0						
Other Termination		Number of spontaneou	0			Numt	ber of induced term	inations 1						
Dates of termination 1. 2013	s (Do	not include this termin	ation. If more than six (6,		ost recent.)		5	6						
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compl	ication(s) of Pregnancy Te	ermination					
☐ Yes ■	No						■ None	☐ Uterine Pe	erforation					
							Hemorrha	ge 🔲 Cervical L	aceration					
Fetus viable? Yes	Nο	If viable, medical	reason for termination:				☐ Infection	☐ Retained I	Products					
	10								Toddets					
Data to the state of		YC 1					Other (Spe	ecify)						
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■	No							ion of pregnancy result in	a maternal death?					
					☐ Yes ■ No									
			Туре	of Termin	nation Procedur	res								
Procedure that Term	inate	d Pregnancy	J.F.				e that Terminated I	Pregnancy						
		•												
Medical (NonsuMedical (Nonsu							rgical) Mifepristo rgical) Misoprosto							
☐ Medical (Nonsu	ırgica	d) Other (Specify)			☐ Medical	(Nonsu	rgical) Other (Spe	cify)						
		Suction Curettage			☐ Medical	(Surgio	cal) Suction Curett	age						
☐ Medical (Surgion Med		Menstrual Aspiration Other (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)									
_		(1 33)			Treatest (surgicus) State (specify)									
EM-di1/Ci-	-1)		11		E M1:1	(C:-	-1) 1	wer the following question						
	_	ocedures, answer the fo												
Was the fetus viab		have a post fertilization o	age at least 20 weeks?			us viabl Yes [rtilization age at least 20 w	veeks?					
If the previous quest	ion w	vas answered yes, comp	lete the following questio	ns.	If the previou	s quest	ion was answered	ves, complete the following	g questions.					
Was the fetus gives Yes		best opportunity to surv	vive?			us givei Yes [n the best opportun No	ity to survive?						
What was the basis	s for c	letermination that the pr	regnant woman had a con	dition				that the pregnant woman h						
that required the programmer woman?	roced	ure to avert death or ser	ious impairment to the pr	egnant	that require woman?	d the pr	rocedure to avert de	eath or serious impairment	to the pregnant					
					O.I.MIT									
							, I =		<i>'</i>					
Date last normal me		oegan 10/18/2017	Physicia	ın estimate	of gestation (i	n week.	Post f	ertilization age of the fetue 6	s (in weeks)					
How were the gestat ULTRASOUND		age and post fertilization	on age determined?		-		l	-						
CETTAGOOND														
Full name of physics	ian ne	erforming termination												
DR. CASANDRA C	_	-												
	-	-	mber and street, city, stat	e, and zip	code)									
8590 GEORGETO	WN F	ROAD, INDIANAPOL	15, IN 46268											
**Date Reported t	to DO	CS, if Patient under 1	4 (month, day, year):											
r	-													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Addres	SS - 8590 GEORGETOWN ROAL	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	•				nancy termination MARION
ı			<u> </u>	INDIAN	IAFUL				MARION
Patient's age** 24	rried	Date of pregnancy term 12/13/201		Educa	tion		Asso	ciate Degree	
Race American Indian or A Native Hawaiian or O		☐ Asian ■ Blac ☐ White ☐ Othe		an American	☐ Uni	known		nic or Latino lispanic or Latino	O Unknown
Live Births:	Number now living	0			Numb	er now de	eceased	0	
Other Terminations:	Number of spontaneou	s terminations			Numb	er of indu	iced termin	nations 0	
Dates of terminations (Do	not include this termina	ation. If more than six (6)), those m	ost recent.)				-	
Fetus delivered alive?	If yes, length of tin	me fetus survived:		4		5	Complic		ancy Termination
Yes No	in yes, rengan or an	ne retus sur viveu.				■ N	Ione		erine Perforation
						_		_	ervical Laceration
Fetus viable?	If viable, medical	reason for termination:				_	lemorrhage	_	
☐ Yes ■ No						∐ Ir	nfection	∐ Re	etained Products
							Other (Spec	ify)	
Pathological examination performed?	If yes, results:								
☐ Yes ■ No						Did this Yes			esult in a maternal death?
		T	-f.T:	ti D					
		Туре	oi Termi	nation Procedur					
Procedure that Terminate	d Pregnancy			Additional Pr	ocedure	that Terr	ninated Pr	egnancy	
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica	al) Mifepristone			☐ Medical ☐ Medical	(Nonsu	rgical) M	lifepristone lisoprostol	•	
Medical (Nonsurgical				☐ Medical	(Nonsu	rgical) O	ther (Speci	fy)	
Medical (Surgical) S							on Curettag		
☐ Medical (Surgical) Medical (Surgical) Medical (Surgical)							trual Aspir (Specify)	ation	
For Medical (Surgical) pr	ocedures, answer the fol	lowing question.		For Medical (Surgica	ıl) procedi	ures, answ	er the following	guestion.
Was the fetus viable or		• .						lization age at le	
☐ Yes ■ N					Yes □	_			
If the previous question w		• •	ns.		•		·	•	ollowing questions.
Was the fetus given the ☐ Yes ☐ No	11 .	ive?			is given Yes		opportunit	y to survive?	
		egnant woman had a con ous impairment to the pr							woman had a condition
woman?	ure to avert death of sen	ous impairment to the pr	egnam	woman?	i ille pro	ocedure it	aven dea	iii or serious iiip	airment to the pregnant
Date last normal menses l	began 10/09/2017	Physicia	n estimat	e of gestation (i	n weeks	s)	Post fer	_	the fetus (in weeks)
How were the gestational	age and post fertilizatio	n age determined?					1		
ULTRASOUND									
Full name of physician pe	erforming termination								
DR. CASANDRA CASH Address of physician perf	IMAN	nhar and streat site state	and -i-	code					
8590 GEORGETOWN F	_		е, ана гір	coue)					
**Date Reported to DO	CS, if Patient under 14	4 (month, day, year):							

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Facility Name and A PPIN-GEORGETOWN OR	ddres (PPGI)	SS - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	town, of pregna	ncy terr			County of pregnan	cy termination ARION		
Patient's age** 24	Mai	rried Yes I No	Date of pregn	ancy term 12/13/201		Educa	tion			llege, No Degree			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ☐ White	■ Blac		an American		known	■ Not F	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6), those m	ost recent.)							
1		2	3			4		5	G 1:	6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					•	cation(s) of Pregnanc	ey Termination		
								• 1	None	Uteri	ne Perforation		
Fetus viable?		If viable, medical	reason for term	ination:				☐ I	Hemorrhago	e 🗌 Cervi	cal Laceration		
Yes I	No	ir viuose, meeseur	1040011 101 10111					□ I	nfection	☐ Retai	ned Products		
									Other (Spec	cify)			
Pathological examin	ation	If yes, results:						_	` 1				
performed?													
☐ Yes ■	No							Did this		on of pregnancy resu	It in a maternal death?		
		1											
				Type	of Termi	nation Procedu	res						
Durand d m		1 D		1 ypc	5. ICIIII			d m					
Procedure that Term	ınate	1 Pregnancy				Additional P				•			
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepristone Aisoprostol				
		l) Other (Specify)							Other (Speci				
Medical (Surgional Control Contro	cal) S	Suction Curettage				☐ Medical	(Surgical	al) Sucti	on Curettag	ge			
☐ Medical (Surgion)	cal) N	Menstrual Aspiration				☐ Medical	(Surgical	al) Mens	strual Aspir	ration			
☐ Medical (Surgio	cal) (other (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) pr	ocedures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	_	nave a post fertilization	age at least 20	weeks?			_	_	a post fert	ilization age at least	20 weeks?		
_	■ No		lata tha fallowi	na augstio	na	_	Yes [_	nervarad va	os aomplata tha folla	owing questions		
		as answered yes, compl		ng questio	115.	1	•		•	es, complete the follo	ownig questions.		
Was the fetus gives ☐ Yes [best opportunity to surv	ive?				us given Yes [opportunit	y to survive?			
		letermination that the pr								hat the pregnant wor			
that required the property woman?	roced	are to avert death or ser	ious impairmer	it to the pr	egnant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant		
Dele				D:		<u> </u>		1	- B - C	/11: /1 0.1	6. (: 1)		
Date last normal me		oegan 09/19/2017		Physicia	ın estimat	e of gestation (in weeks)	Post fer	rtilization age of the	ietus (in weeks)		
How were the gestat		age and post fertilization	n age determin	ed?					1	``			
ULTRASOUND													
Full name of physici		rforming termination											
	-	orming termination (num		t, city, stat	e, and zip	code)							
0090 GEORGETO	VVN F	ROAD, INDIANAPOL	13, IN 46268										
wwD E		ag ich	1.	,									
↑↑Date Reported t	to DC	CS, if Patient under 1	4 (month, day,	year):						_			

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Facility Name and A	Address (PPGI) - 8	8590 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or t	own, of pregn	ancy tern			County of pre	gnancy MAR		
						,							
Patient's age** 25	Marri	ed □ Yes ■ No	Date of pregr	nancy term 12/13/20		Educa	ation	н		ol Diploma o	r GED		
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Unl	known		y anic or Latino Hispanic or Lati	no	☐ Unknown	
Live Births:	1	Number now living	3					er now d		0		_	
Other Termination	s:	Number of spontaneou					Numbe	er of ind	uced termi				
Dates of termination 1. 04/06/2012		ot include this termin	ation. If more t			ost recent.) 4. 2008		_{5.} _L	JNKNOW				
Fetus delivered alive	e?	If yes, length of ti	me fetus surviv	ed:					Compli	cation(s) of Preg	gnancy '	Геrmination	
☐ Yes ■	No							■ N	None	t	Uterine	Perforation	
								☐ F	Hemorrhag	ge 🔲 (Cervical	Laceration	
Fetus viable? Yes I	No	If viable, medical	reason for term	ination:				☐ I	nfection	□ I	Retained	l Products	
					Other (Specify)								
Pathological examin	ation	If yes, results:											
performed?		ir yes, results.											
☐ Yes ■	No							Did this			result i	in a maternal death?	
		1			165 - 140								
				of Termin	nation Procedu	ıres							
Procedure that Term	inated	Pregnancy		71		Additional P		that Ter	minated Pr	regnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu	ırgical)	Misoprostol					(Nonsur	gical) M	Aifepriston Aisoprosto	1			
Medical (Nonsu	ırgical)	Other (Specify)				☐ Medical	(Nonsur	gical) C	Other (Spec	rify)			
Medical (Surgio									on Curetta				
Medical (Surgio		enstrual Aspiration her (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proc	edures, answer the fo	llowing question	on.		For Medical	(Surgical	l) proced	lures, answ	ver the following	g questi	on.	
		ve a post fertilization	age at least 20	weeks?		_	_	_	a post fer	tilization age at	least 20	weeks?	
	■ No	s answered yes, compl	lata tha followi	na auestia	vne.	_	Yes _	_	newarad v	es, complete the	follow	ing questions	
		est opportunity to surv		ng questio		_	-		-	ty to survive?	TOHOW	ing questions.	
	☐ No	or off commonly to sur-] No	-FF	.,			
		termination that the pr										n had a condition	
woman?	rocedur	e to avert death or ser	ious impairmei	it to the pr	egnant	woman?	ea me pro	cedure t	o avert dea	ath of serious in	іраігіпе	nt to the pregnant	
Date last normal me	nses be	gan		Physicia	an estimate	e of gestation (in weeks)	Post fe	ertilization age o	of the fe	tus (in weeks)	
	10	0/07/2017				10					8	•	
How were the gestat ULTRASOUND													
CLINAGOUND													
Full name of physici	-	-											
Address of physician		ming termination (num	mber and stree	t, city, stat	e, and zip	code)							
	-	DAD, INDIANAPOL											
**Date Reported t	to DCS	S, if Patient under 14	4 (month, day,	year):						_			

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Facility Name and Address PPIN-GEORGETOWN OR (PPG	ess i) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or tow		ncy termination		County of pregnand	cy termination			
33	arried Yes No	Date of pregnancy term 12/13/20		Educat	tion		elor's Degree				
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Bla ■ White ☐ Oth	ck or African ner	American	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	0			Number now o		0				
Other Terminations:	Number of spontaneou	is terminations			Number of ind	uced termin	nations				
Dates of terminations (D	o not include this termina 2. 2016	ation. If more than six (**	recent.)			-				
Fetus delivered alive?	If yes, length of tin		4		5	Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■ No	, , , , , ,					None	☐ Uterin	e Perforation			
						Hemorrhag	e 🔲 Cervio	cal Laceration			
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for termination:				Infection	☐ Retair	ned Products			
						Other (Spec	_				
Pathological examination	n If yes, results:					outer (spee	-957				
performed? Yes • No					Did thi	a tampinatio	on of magaziness requi	It is a material death?			
les la No								It in a maternal death?			
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurgio			[(Nonsurgical) N						
☐ Medical (Nonsurgion Medical (Nonsurgio					(Nonsurgical) M (Nonsurgical) (
Medical (Surgical)	Suction Curettage		_[☐ Medical	(Surgical) Suct	ion Curetta	ge				
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Men (Surgical) Othe		ration				
_	1 337			_		(1 00)					
For Medical (Surgical) p	procedures, answer the fol	llowing question.		For Medical (Surgical) proceed	dures, answ	er the following que	 stion.			
	have a post fertilization						ilization age at least				
☐ Yes ■ N	No			☐ <i>7</i>	les No	•					
If the previous question	was answered yes, compl	lete the following questi	ons.	f the previou	s question was a	inswered ye	es, complete the follo	wing questions.			
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	ive?			us given the best Yes \text{No}	opportunit	ty to survive?				
	determination that the pr						hat the pregnant won				
that required the proceed woman?	dure to avert death or seri	ious impairment to the p	pregnant	that required woman?	d the procedure	to avert dea	th or serious impairs	nent to the pregnant			
Date last normal menses	•	Physic	ian estimate o		n weeks)	Post fe	rtilization age of the	fetus (in weeks)			
How were the gestationa	09/25/2017	on age determined?		11			9				
ULTRASOUND	Post Torringation										
Full name of physician p											
Address of physician per 8590 GEORGETOWN	rforming termination (num		ate, and zip co	ode)							
USSU GEORGETOWN	NOAD, INDIANAPOLI	, 114 +0200									
**Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Adpendence or (Property of Control of	dress PGI) -	S 8590 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268	City or t	own, of pregna	•			County of pregnar	ncy termination ARION			
40	Mar	ried Yes No	Date of pregn	nancy termi 12/13/201		Educa	tion	Do		rofessional Deg	ree			
Race American Indian o Native Hawaiian o			Asian White	■ Black		an American	☐ Un	known		nic or Latino Iispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Numb	er now d		0				
Other Terminations:		Number of spontaneou					Numb	er of ind	uced termin					
Dates of terminations UNKNOWN	(Do	not include this termina	tion. If more t	han six (6),	, those me	ost recent.)		5.		6.				
Fetus delivered alive?		If yes, length of tin		red:					Complic	ation(s) of Pregnan	cy Termination			
☐ Yes ■ No	0							■ N	None	☐ Uter	ne Perforation			
F. 11.9		TC : 11 1: 1	· · ·					□ I	Hemorrhage	e 🔲 Cerv	ical Laceration			
Fetus viable? Yes No	0	If viable, medical r	eason for term	iination:				☐ I	nfection	☐ Reta	ined Products			
									Other (Spec	ify)				
Pathological examinat	ion	If yes, results:							` 4					
performed? ☐ Yes ■ N	'n							Did this	terminatio	on of pragnancy res	ult in a maternal death?			
	0							Yes			uit iii a matemai deaur:			
											1			
Type of Termination Procedures														
Procedure that Termin	ated	Pregnancy			Additional Pr	ocedure	that Ter	minated Pro	egnancy					
Medical (Nonsurg									lifepristone	e				
Medical (NonsurgMedical (Nonsurg									Iisoprostol ther (<i>Speci</i>	fy)				
Medical (Surgical	1) Si	action Curettage				Medical (Surgical) Suction Curettage								
	1) M	enstrual Aspiration				Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)								
	-, -	(07-1-95)					(~ 8	,	(~F95)					
For Medical (Surgical) pro	cedures, answer the fol	lowing question	on.		For Medical	(Surgica	ıl) proced	ures, answ	er the following qu	estion.			
Was the fetus viable	or h	ave a post fertilization a				Was the fet	us viabl	e or have		ilization age at leas				
Yes If the provious question	•	as answered yes, comple	ata tha fallawi	na quastion	20		Yes [_	nswarad wa	s, complete the foll	owing questions			
		est opportunity to survi		ng question	18.	•	•		·	y to survive?	owing questions.			
Yes Yes							Yes [оррогия	y to survive.				
		etermination that the prore to avert death or serio									man had a condition ment to the pregnant			
woman?	cedu	ie to avert death of seri	ous impairmer	it to the pre	egnant	woman?	d the pro	ocedure t	o avert dea	ui oi serious iiipan	ment to the pregnant			
Date last normal mens		egan 0/19/2017		Physician	n estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	e fetus (in weeks)			
How were the gestatio		age and post fertilization	n age determin	led?						3				
ULTRASOUND														
Full name of physician DR. CASANDRA CA														
Address of physician p 8590 GEORGETOW		orming termination (num		t, city, state	e, and zip	code)								
5550 GEORGETOW	in K	CAD, INDIANAFULI	C, IIV 40200											
**Date Reported to	S, if Patient under 14	(month, day,	year):						-					

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Facility Name and A	Addres (PPGI)	S - 8590 GEORGETOWN ROAL), INDIANAPOLIS,	, IN, 46268	City or	town, of pregna	ncy terminatio	'n	County of pregna	ncy termination				
Patient's age** 26	Ma	rried Yes No	Date of pregr	nancy termi 12/13/201		Educa	tion	-	2th, No Diploma					
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		an American	Unknown	■ Not	oanic or Latino Hispanic or Latino	Unknown				
Live Births:		Number now living	1				Number now	deceased	0					
Other Termination	ıs:	Number of spontaneou	s terminations	ļ			Number of in	nduced term						
Dates of termination	is (Do	not include this termina	ation. If more t			ost recent.)	-		-					
Fetus delivered alive		If yes, length of tin				4	5.		ication(s) of Pregnar	acy Termination				
☐ Yes ■		y, g						None	☐ Uter	ine Perforation				
							— П	Hemorrha	ge \square Cerv	rical Laceration				
Fetus viable? Yes	Nο	If viable, medical	reason for term	nination:				Infection		ined Products				
	. 10							Other (Spe	_	inica Products				
Pathological examin	ation	If yes, results:						Outer (Spe	ecijy)					
performed?										11.10				
☐ Yes ■	NO							his terminat Yes 🔳 N		ult in a maternal death?				
Type of Termination Procedures														
Procedure that Term	inate	d Pregnancy	erminated F	Pregnancy										
☐ Medical (Nonsu							(Nonsurgical)							
Medical (Nonsu Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)					(Nonsurgical) (Nonsurgical)							
Medical (Surgional Control Contro	cal) S	Suction Curettage				☐ Medical	(Surgical) Su	ction Curett	age					
	cal) N	Ienstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
(Surgit		outer (speedy))				Medical (Surgical) Other (Spectyy)								
For Medical (Surgic	al) pr	ocedures, answer the fol	lowing questic	on.		For Medical ((Surgical) proc	edures, ansv	wer the following qu	estion.				
, ,		nave a post fertilization	0 1						rtilization age at leas					
☐ Yes [■ N)					Yes No	•	C					
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	ns.	If the previou	is question was	answered y	yes, complete the fol	lowing questions.				
	n the	best opportunity to surv	ive?				us given the be Yes No	st opportun	ity to survive?					
		letermination that the pr								oman had a condition				
that required the process woman?	roced	are to avert death or seri	ous impairmer	nt to the pre	egnant	that require woman?	d the procedur	e to avert de	eath or serious impai	rment to the pregnant				
Date last normal me	nses l	pegan		Physician	n estimat	e of gestation (i	in weeks)	Post f	ertilization age of th	e fetus (in weeks)				
How were the gostat	09/20/2017 age and post fertilizatio	n age determin	ned?		12			10)					
ULTRASOUND	age and post tertifizatio	n age ueteriiin	icu:											
Full name of physici		rforming termination												
Address of physician	n perf	orming termination (nun		et, city, state	e, and zip	code)								
8590 GEORGETO	WN F	ROAD, INDIANAPOLI	S, IN 46268											
**Date Reported t	to DO	CS, if Patient under 14	1 (month, day,	year):										

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Facility Name and A PPIN-GEORGETOWN OR			EORGI	ETOWN RO	AD, INDIANAPOL	.IS, IN, 46268	City or	town, of pr	_	ncy te			County of preg		y terminati RION	on
Patient's age** 27	Mar	ried Y	es	■ No	Date of pre	gnancy term 12/13/20		Е	duca	tion		Some Co	ollege, No Deg	ree		
Race American Indian Native Hawaiian					☐ Asian ☐ White	■ Blac		can Americ	an	□ U	nknown		/ anic or Latino Hispanic or Latin	10	☐ Unl	known
Live Births:		Numb	er no	w living	:	3				Num	ber now	deceased	0			
Other Termination	s:	Numb	er of	spontane	ous termination					Num	ber of inc	luced termi				
Dates of termination 1. 04/2009	s (Do	not inc	lude	this termi	nation. If more	e than six (6), those m	ost recent.)		5		6			
Fetus delivered alive	?	If	yes, 1	length of	time fetus surv	vived:						Compli	cation(s) of Pregr	nancy	Terminati	on
☐ Yes ■	No										■	None	□ U	terin	e Perforatio	on
Fetus viable?		T.C	vi obl	a madia	l reason for te	in ation .						Hemorrhag	e 🗆 C	ervic	al Lacerati	on
Yes Telus Viable?	No	"	viadi	e, meaica	ii reason for te	rmination:						Infection	□ R	etain	ed Product	s
												Other (Spec	cify)			
Pathological examin performed?	ation	If	yes, 1	results:												
Yes •	No												on of pregnancy	resul	t in a mater	rnal death?
											☐ Ye	es 🔳 N	0			
						Type	of Termi	ermination Procedures								
Duo and you that Tames	inotod	Ducan				Турс	or remin				ua that Ta	moin atad D				
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifenristone												rminated Pr	•			
 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 								☐ Me	dical	(Nons	urgical)	Mifepriston Misoprosto Other (Spec	l			
Medical (Surgion Medical (Surgio	cal) M	Ienstru	al As	piration				 ☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify) 								
For Medical (Surgic	al) pro	ocedure	s ans	swer the f	ollowing aues	tion		For Med	ical (Suroic	ral) proce	dures answ	ver the following	anes	— tion	
Was the fetus viab	_									_	_		tilization age at l	_		
☐ Yes [■ No)			C					Yes	☐ No	•	C			
If the previous quest				•	-	wing questio	ons.			•		•	es, complete the	follo	wing questi	ions.
Was the fetus give Yes			portui	nity to su	rvive?						n the bes No	t opportuni	ty to survive?			
What was the basis that required the process woman?									quire				hat the pregnant ath or serious imp			
Date last normal menses began Physician estima									ion (i	in weel	ks)	Post fe	rtilization age of		etus (in we	eeks)
10/10/2017 How were the gestational age and post fertilization age determined?								9						7		
ULTRASOUND																
Full name of physici	an ne	formin	o ter	mination												-
DR. CASANDRA C	ASH	MAN														
Address of physician 8590 GEORGETO							te, and zip	o code)								
**Date Reported t	to DC	S, if P	atier	nt under	14 (month, da	y, year):							_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Ad PLANNED PARENTHOOD (F BLOOMINGTON, IN, 47403	dress) (MONROE CO.) - 421 SOUT	H COLLEGE AVE	ENUE,	City or t	own, of pregna	•			County of pregna	ncy termination ONROE				
Patient's age**	M-	ind T	Date of pregn	nancy termin	nation	Educa	tion								
23	Marı	Yes No		12/14/2017		Educa	non	Н	igh Scho	ol Diploma or G	ED				
Race American Indian o Native Hawaiian o			Asian White	☐ Black ■ Other	or Africa	an American	☐ Unl	known		nic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	1				Numb	er now de	eceased	0					
Other Terminations:	:	Number of spontaneou	s terminations				Numb	er of indu	aced termin	nations 1					
Dates of terminations _{1.} 05/01/2016	(Do	not include this termina		than six (6),	those mo	ost recent.)		5		6					
Fetus delivered alive?		If yes, length of tin		/ed:					Complic	ation(s) of Pregnar	ncy Termination				
☐ Yes ■ N	0							■ N	Vone	☐ Uter	rine Perforation				
T		70 : 11 1: 1	C .					□ H	Hemorrhage	e 🔲 Cerv	vical Laceration				
Fetus viable? Yes No.	0	If viable, medical r	reason for term	nination:				☐ Iı	nfection	☐ Reta	ined Products				
								ПС	Other (Spec	rify)					
Pathological examinat	ion	If yes, results:							(~ <i>p</i>	927					
performed? ☐ Yes ■ N								D:1.1:			11.10				
□ Tes ■ N	0							☐ Yes			ult in a maternal death?				
						100 110									
Type of Termination Procedures															
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy															
☐ Medical (Nonsur	gical) Mifepristone				☐ Medical	(Nonsui	rgical) M	lifepristone	e					
Medical (Nonsur	gical) Misoprostol				■ Medical	(Nonsu	rgical) M	lisoprostol ther (Speci						
	Sicur	, other (speedy)					(1 tonsul	igical) o	tiler (Speet	<i>997</i>					
	1) (1						/G :	1) 0 .:							
	1) M	enstrual Aspiration				■ Medical	(Surgica	al) Mens	on Curettag trual Aspir						
Medical (Surgica	1) O	ther (Specify)				Medical (Surgical) Other (Specify)									
For Medical (Surgical) pro	cedures, answer the following	lowing questic	on.		For Medical (Surgica	l) proced	ures, answ	er the following qu	estion.				
Was the fetus viable ☐ Yes		ave a post fertilization a	age at least 20	weeks?			us viable Yes 🗀		a post ferti	ilization age at leas	at 20 weeks?				
If the previous question	on wa	as answered yes, comple	ete the following	ng questions	S.	If the previou	s questi	on was aı	nswered ye	es, complete the fol	lowing questions.				
Was the fetus given ☐ Yes ☐		est opportunity to survi	ive?				us given Yes [opportunit	y to survive?					
What was the basis f	for de	etermination that the pro	egnant woman	n had a condi	ition	What was th	ne basis	for deter	mination th	nat the pregnant wo	oman had a condition				
that required the pro woman?	cedu	re to avert death or serie	ous impairmer	nt to the preg	gnant	that required woman?	d the pro	ocedure to	o avert dea	th or serious impai	rment to the pregnant				
· · · · · · · · · · · · · · · · · · ·															
Date last normal mens	ses be	egan		Physician	estimate	e of gestation (i	n weeks)	Post fer	rtilization age of th	e fetus (in weeks)				
	1	0/16/2017		·		7		,	2 330 101	5	· · · · · · · · · · · · · · · · · · ·				
How were the gestation	ge and post fertilization	ned?													
CLINAGOUND															
Full name of physician	_	-													
Address of physician		rming termination (nun	nber and street	t, city, state.	and zip	code)									
		IDIANAPOLIS, IN 46			- 1	•									
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):														

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI	S) (MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or to	own, of pregna	•			County of pre	gnancy MONI				
Patient's age**	Mari		Date of pregnancy term	nination	Educat	tion								
21		■ Yes □ No	12/14/20	17			Н		ool Diploma o	r GED				
Race American Indian Native Hawaiian	or Oth	ner Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Other		ın American	Unk		■ Not I	y anic or Latino Hispanic or Lati	no	Unknown			
Live Births:		Number now living	1				er now d		0					
Other Termination	s:	Number of spontaneou	us terminations 0			Numbe	er of ind	uced termi	nations 0					
Dates of termination	s (Do		ation. If more than six (6	**	st recent.)		5		6					
Fetus delivered alive	?		me fetus survived:		*			Complia	cation(s) of Preg	gnancy T	Termination			
☐ Yes ■	No						■ N	None	t	Uterine l	Perforation			
							П	Hemorrhag	:e П (Cervical	Laceration			
Fetus viable? Yes	No	If viable, medical	reason for termination:					nfection			l Products			
	110								_	cetamee	Troducts			
Pathological examin	otion	If yes, results:						Other (Spec	cify)					
performed?	ation	ii yes, iesuits.												
☐ Yes ■	No						Did this			result i	n a maternal death?			
		l			,= =									
			Туре	e of Termin	ation Procedur	res								
Procedure that Term	inated	Pregnancy			Additional Pr	ocedure	that Ter	minated P	regnancy					
☐ Medical (Nonsu								//////////////////////////////////////						
☐ Medical (Nonsu	ırgical) Misoprostol				(Nonsur	gical) M	/lisoprosto	1					
Medical (Nonst	ırgıcaı	Other (Specify)			Medical	(Nonsur	gicai) C	Other (Spec	rty)					
Medical (Surgio		enstrual Aspiration			☐ Medical ☐ Medical	(Surgica	 Sucti Mens 	on Curetta strual Aspi	ge ration					
Medical (Surgio					Medical (Surgical) Other (Specify)									
For Medical (Surgic	al) pro	cedures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.									
	le or h ■ No		age at least 20 weeks?			us viable Yes 🔲		a post fer	tilization age at	least 20	weeks?			
If the previous quest	ion wa	as answered yes, comp	lete the following question	ons.	If the previou	s questio	on was a	nswered y	es, complete the	followi	ng questions.			
	n the b	est opportunity to surv	rive?			us given Yes 🔲		opportuni	ty to survive?					
			regnant woman had a cor								had a condition			
			ious impairment to the pr								nt to the pregnant			
Date last normal me	nses b	egan	Physicia	an estimate	of gestation (i	n weeks))	Post fe	ertilization age o	of the fet	us (in weeks)			
	1	0/05/2017			10	. Jens)		2 330 10	31. 450	8	,			
How were the gestat ULTRASOUND	ional a	age and post fertilization												
OLITIAGOOND.														
Full name of physici	ian per	forming termination												
DR. CAROL DELL	INGE	R		,	J.\									
	-	rming termination (nu IDIANAPOLIS, IN 46	mber and street, city, sta 6 225	ie, and zip	voae)									
L		·												
**Date Reported t	to DC	S, if Patient under 1	4 (month, day, year):						_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Adplanned Parenthood (BLOOMINGTON, IN, 47403	(PPCS	S) (MONROE CO.) - 421 SOUT	H COLLEGE AVE	ENUE,	City or t	own, of pregna				County of pregnar	ncy termination ONROE
Patient's age**	14	اماما	Date of pregn	nancy termin	nation	Educat	tion				
24	Mar	Yes No		12/14/2017		Educa	iioii		Bach	elor's Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black ☐ Other	or Africa	an American	☐ Unk	known		nic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numbe	er now d	eceased	0	
Other Terminations	s:	Number of spontaneou	s terminations				Numbe	er of ind	uced termir	nations 0	
Dates of terminations	(Do	not include this termina 2. UNKNOWN	ation. If more to	than six (6),	those mo	ost recent.)		5		6	
Fetus delivered alive	?	If yes, length of tir		ved:					Complic	ation(s) of Pregnan	cy Termination
☐ Yes ■ N	lo							■ N	None	☐ Uteri	ne Perforation
								□ I	Hemorrhage	e 🔲 Cerv	ical Laceration
Fetus viable? ☐ Yes ■ N	lo.	If viable, medical i	eason for term	nination:				П	nfection	□ Reta	ined Products
1									Other (Spec	_	
Pathological examina	ntion	If yes, results:							outer (spec	ijy)	
performed?		ii yes, resuits.									
☐ Yes ■ N	No							Did this			alt in a maternal death?
		_					1				
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsur									lifepristone	•	
■ Medical (Nonsur	rgical) Misoprostol				■ Medical	(Nonsur	gical) M	Iisoprostol		
Medical (Nonsui	rgicai	Other (Specify)				Medical	(Nonsur	gicai) C	ther (Speci	(Jy)	
☐ Medical (Surgical (Surg		action Curettage Ienstrual Aspiration							on Curettag strual Aspir		
Medical (Surgical									(Specify)	ution	
For Medical (Surgica	l) pro	cedures, answer the fol	lowing question	on.		For Medical (Surgical	l) proced	ures, answ	er the following que	estion.
Was the fetus viable	e or h	ave a post fertilization a	age at least 20	weeks?		Was the fetu	ıs viable	or have	a post ferti	ilization age at leas	20 weeks?
☐ Yes ☐	No					□ Y	es [No	•		
If the previous questi	on wa	as answered yes, comple	ete the following	ng questions	s.	If the previou	s questio	on was a	nswered ye	es, complete the foll	owing questions.
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				ıs given Tes		opportunit	y to survive?	
		etermination that the pr	eonant women	had a condi	ition	_	_	_	mination th	at the pregnant wo	man had a condition
that required the pro		re to avert death or seri				that required					ment to the pregnant
woman?						woman?					
Data last	- 1			Di			1		D / C	willianti C.1	fotos (in 1
Date last normal men		egan <mark>0/14/2017</mark>		Pnysician	estimate	e of gestation (i	n weeks,	,	Post fer	rtilization age of the 7	e ietus (<i>in weeks)</i>
=	age and post fertilization	n age determin				1					
ULTRASOUND											
Full name of al!	n ~ -	forming torming!									
Full name of physicia DR. CAROL DELLI	_	-									
= -	_	orming termination (num		t, city, state,	and zip	code)					
200 S. MERIDIAN S	oT, IN	IDIANAPOLIS, IN 46	225								
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE BLOOMINGTON, IN, 47403	E CO.) - 421 SOUTH CO	DLLEGE AVENUE,	City or town, of pregnancy termination BLOOMINGTON				County of pregnand	cy termination
Patient's age** Married	D ₀	te of pregnancy termi	ination	Educat	ion			
Patient's age** Married 20 Yes		12/14/201		Lucai	ion	Some Co	ollege, No Degree	
Race American Indian or Alaska Nati Native Hawaiian or Other Pacifi		Asian Black	k or African A	American	Unknown		y anic or Latino Hispanic or Latino	Unknown
Live Births: Number	now living	0			Number now	deceased	0	
Other Terminations: Number	of spontaneous ter	rminations 0			Number of in	duced termi	nations 0	
Dates of terminations (Do not inclu		•		recent.)				
1 2		3	4		5	Complie	cation(s) of Pregnanc	v Termination
Fetus delivered alive? If ye	es, length of time f	etus survivea:				None	_	ne Perforation
	iable, medical reaso	on for termination:				Hemorrhag	_	cal Laceration
☐ Yes ■ No						Infection	Retair	ned Products
						Other (Spec	cify)	
Pathological examination If ye performed?	es, results:							
Yes No								It in a maternal death?
						es 🔳 No	0	
		Туре	of Terminati	on Procedur	es			
Procedure that Terminated Pregnan	ncy		A	dditional Pr	ocedure that Te	erminated Pr	regnancy	
Medical (Nonsurgical) Mifepr					(Nonsurgical)			
Medical (Nonsurgical) MisopoMedical (Nonsurgical) Other ((Nonsurgical) (Nonsurgical)			
Medical (Surgical) Suction Cu	urettage		-	7 Medical	(Surgical) Suc	tion Curetta	ge	
Medical (Surgical) Menstrual Medical (Surgical) Other (Spe	Aspiration			Medical	(Surgical) Mer (Surgical) Oth	nstrual Aspi	ration	
iviedicai (Surgicai) Other (Spe	ecijy)			_ Medicai	(Surgicar) Our	er (<i>specijy)</i>		
For Medical (Surgical) procedures,	answer the follow	ing question.	Fe	or Medical (Surgical) proce	edures, answ	ver the following que	stion.
Was the fetus viable or have a pos ☐ Yes ☐ No	st fertilization age	at least 20 weeks?			ıs viable or hav Zes □ No	e a post fert	tilization age at least	20 weeks?
	1 1	1 6 11 '	7.0	_		,	1	. ,.
If the previous question was answer				•	•	·	es, complete the follo	owing questions.
Was the fetus given the best oppo ☐ Yes ☐ No	ortunity to survive?				is given the besers	st opportunit	ty to survive?	
What was the basis for determinat	tion that the pregna	ant woman had a cond	dition	What was th	e basis for dete	ermination t	hat the pregnant won	nan had a condition
that required the procedure to aver woman?			egnant				ath or serious impairr	
woman?				woman?				
				. ,	7			6.4
Date last normal menses began 10/13/20	17	Physicia	n estimate of	gestation (in	n weeks)	Post fe	ertilization age of the 7	ietus (in weeks)
How were the gestational age and p		e determined?				[
ULTRASOUND								
2.4								
Full name of physician performing DR. CAROL DELLINGER	termination							
Address of physician performing te	ermination (number	r and street, city, state	e, and zip cod	de)				
200 S. MERIDIAN ST, INDIANA	POLIS, IN 46225	i						
**Date Reported to DCS, if Pat	tient under 14 (m	onth, day, year): _						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCS	S I) (MONROE CO.) - 421 SOUTH	I COLLEGE AVEN	NUE, City	or town, of pregna	ancy termination		County of pregnancy termination MONROE	
				1			I		
Patient's age** 25	Mai	ried Yes No		ancy termination 2/14/2017	n Educa	ation	Some Co	llege, No Degree	
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black or A	frican American	■ Unknown	Not H	nic or Latino Lispanic or Latino Unknown	
Live Births:		Number now living	0			Number now d	leceased	0	
Other Termination	s:	Number of spontaneous	terminations			Number of ind	uced termin		
Dates of termination 1. UNKNOWN	s (Do	not include this terminat	2 tion. If more th	nan six (6), those	e most recent.)	5		6	
Fetus delivered alive	?	If yes, length of tim	e fetus survive	ed:			Complica	ation(s) of Pregnancy Termination	
☐ Yes ■ 1	No					1	None	☐ Uterine Perforation	
							Hemorrhage	e Cervical Laceration	
Fetus viable?	_	If viable, medical re	eason for termi	nation:				<u> </u>	
☐ Yes ■ 1	No						Infection	☐ Retained Products	
							Other (Spec	ify)	
Pathological examination	ation	If yes, results:							
performed?	No					Did this	s terminatio	on of pregnancy result in a maternal death?	
						☐ Ye			
				Type of Te	rmination Procedu	ires			
Duggedyng that Tomo	imata	I Dragman av					uningted Du		
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy									
☐ Medical (Nonsu☐ Medical (Nonsu☐						(Nonsurgical) N (Nonsurgical) N			
		l) Other (Specify)				(Nonsurgical) (fy)	
Modical (Sumaia	(1) C	vation Cumattaga			_	(Curcinal) Cunti	on Cumattas		
☐ Medical (Surgic	al) N	uction Curettage Ienstrual Aspiration			☐ Medical	(Surgical) Sucti (Surgical) Mens	strual Aspir		
☐ Medical (Surgion	cal) (Other (Specify)			☐ Medical	(Surgical) Othe	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the follo	owing question	1.	For Medical	(Surgical) proced	dures, answe	er the following question.	
Was the fetus vield	la or 1	nave a post fertilization a	go at loagt 20 v	voolse?	Was the for	tus viable or have	a post forti	lization age at least 20 weeks?	
			ge at least 20 v	VCCKS!		Yes No	a post teru	inzation age at least 20 weeks?	
If the previous quest	ion w	as answered yes, comple	te the followin	g questions.	If the previous	us question was a	nswered ve	s, complete the following questions.	
		•				tus given the best	•		
Was the fetus given ☐ Yes ☐		best opportunity to surviv	/e:			Yes No	opportunity	y to survive?	
What was the basis	for d	letermination that the pre	gnant woman	had a condition	What was t	he basis for deter	mination th	nat the pregnant woman had a condition	
that required the pr		are to avert death or serio			t that require			th or serious impairment to the pregnant	
woman?					woman?				
Date last normal men		•		Physician estin	mate of gestation (in weeks)	Post fer	tilization age of the fetus (in weeks)	
		INKNOWN			11			9	
How were the gestat	ıonal	age and post fertilization	age determine	ed?					
OLIKASOUND									
Full name of physici DR. CAROL DELL	_	-							
		orming termination (num	ber and street,	city, state, and	zip code)				
= -	-	NDIANAPOLIS, IN 462							
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD (PP BLOOMINGTON, IN, 47403	ress CSI) (MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or town		ncy termination		County of pregnand	ey termination NROE
Patient's age**	formind	Date of pregnancy term	nination	Educat	ion			
21	farried ☐ Yes ■ No	12/14/20		Luucai	ion	Some Co	llege, No Degree	
Race American Indian or Native Hawaiian or		☐ Asian ☐ Blace ■ White ☐ Oth	ck or African A	merican	Unknown		nic or Latino Hispanic or Latino	Unknown
Live Births:	Number now living	0			Number now d	leceased	0	
Other Terminations:	Number of spontaneou	is terminations 0			Number of ind	uced termir	nations 0	
Dates of terminations (I	Do not include this termin	,	*	ecent.)				
I	1	3	4		5	Complic	ation(s) of Pregnanc	v Termination
Fetus delivered alive? Yes No	If yes, length of ti	me ietus survived:			1	•	_	ne Perforation
							_	
Fetus viable?	If viable, medical	reason for termination:				Hemorrhage		cal Laceration
☐ Yes ■ No						Infection	☐ Retair	ned Products
						Other (Spec	ify)	
Pathological examination performed?	on If yes, results:							
Yes No								It in a maternal death?
					☐ Ye	s 🔳 No)	
		Тур	e of Terminatio	n Procedur	res			
Procedure that Termina	ted Pregnancy		Ad	lditional Pr	ocedure that Ter	minated Pr	egnancy	
Medical (NonsurgiMedical (Nonsurgi					(Nonsurgical) N (Nonsurgical) N			
	cal) Other (Specify)				(Nonsurgical) (
Medical (Surgical)	Suction Curettage		-	Medical	(Surgical) Sucti	ion Curettag	ge	
	Menstrual Aspiration			Medical	(Surgical) Mens (Surgical) Othe	strual Aspir		
intedical (Surgical)	Guler (Speedy)			Wicalcar	(Surgicur) Gure	г (Бресцу)		
								_
	procedures, answer the fo						er the following que	
Was the fetus viable o ☐ Yes ☐	r have a post fertilization No	age at least 20 weeks?	V		is viable or have es □ No	a post ferti	ilization age at least	20 weeks?
If the previous question	was answered yes, compl	lete the following question	ons. If t	the previous	s question was a	nswered ve	es, complete the follo	wing questions.
	ne best opportunity to surv	• •		•	is given the best	•	-	
Yes T		ive:	'		es No	оррогини	y to survive:	
	r determination that the pr						nat the pregnant won	
that required the proce woman?	edure to avert death or seri	ious impairment to the p		hat required voman?	d the procedure t	to avert dea	th or serious impairs	nent to the pregnant
Date last normal mense	s began	Physici	an estimate of	gestation (ii	n weeks)	Post fer	rtilization age of the	fetus (in weeks)
	10/07/2017	•		9	,		7	, ,
How were the gestation ULTRASOUND	al age and post fertilization	on age determined?						
SETTAGOUND								
Full name of physician	performing termination							
DR. CAROL DELLING	GER							
	erforming termination (number of the property		te, an <mark>d zip code</mark>	e)				
200 G. MILINDIAN ST,	, III III VEIG, III 40							
**Date Reported to I	OCS, if Patient under 1	4 (month, day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or	town, of pregna	ncy termination		County of pregnancy termination MONROE		
Patient's age** 25	Marrie	d ■ Yes 🔲 No	Date of pregnancy t		Educat			ool Diploma or GED		
Race American Indian Native Hawaiian			= =	Black or Afri Other	can American	Unknown		y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living				Number now o	leceased	0		
Other Termination	ıs: N	umber of spontaneou				Number of inc	luced termi			
			ation. If more than six							
Fetus delivered alive		If yes, length of tir	ma fatus survivad:		4	5		cation(s) of Pregnancy Termination		
Yes I		ii yes, iengui oi ui	me tetus survived.				None	Uterine Perforation		
							Hemorrhag	_		
Fetus viable?		If viable, medical	reason for termination	n:			_			
☐ Yes ■	No					Infection	Retained Products			
5		70 1				Other (Spe	cify)			
Pathological examin performed?	ation	If yes, results:								
☐ Yes ■			Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No							
						.5	O .			
			Т	ype of Term	nination Procedur	es				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsu						(Nonsurgical) I				
Medical (Nonsu	ırgical)	Misoprostol			☐ Medical	(Nonsurgical) I	Misoprosto	1		
Medical (Nonsu	irgicai)	Otner (Specify)			Medical	(Nonsurgical) (Jtner (Spec	rty)		
☐ Medical (Surgion Med		tion Curettage istrual Aspiration				(Surgical) Suct (Surgical) Men				
Medical (Surgio					☐ Medical	(Surgical) Othe	er (Specify)			
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (Surgical) proce	dures, answ	ver the following question.		
	le or hav ☐ No	e a post fertilization	age at least 20 weeks	?	Was the fett		e a post fer	tilization age at least 20 weeks?		
If the previous quest	tion was	answered yes, compl	ete the following que	stions.	If the previou	s question was a	nswered y	es, complete the following questions.		
Was the fetus give		st opportunity to surv	ive?			us given the best Yes \text{No}	t opportuni	ty to survive?		
			egnant woman had a		What was th	ne basis for dete	rmination t	hat the pregnant woman had a condition		
that required the programmed woman?	rocedure	to avert death or seri	ious impairment to th	e pregnant	that required woman?	d the procedure	to avert dea	ath or serious impairment to the pregnant		
Date last normal me	nses beg	an	Phys	sician estima	ate of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
	10/	30/2017			7			5		
How were the gestat ULTRASOUND	nonal age	e and post fertilization	n age determined?							
<u> </u>										
Full name of physici	_	rming termination								
Address of physician 200 S. MERIDIAN	_	-	mber and street, city,	state, and zi	p code)					
	,	,								
**Date Reported t	to DCS,	if Patient under 1	4 (month, day, year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCS	SS II) (MONROE CO.) - 421 SOUT	H COLLEGE AVE	ENUE,	City or town, of pregnancy termination BLOOMINGTON				County of pregnancy termination MONROE			
Defined with	ı		Data C		-4:.	l mi	.:					
Patient's age** 28	Ma	rried Yes No	Date of pregr	12/14/2017		Educat			ool Diploma or GI	ED		
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Afric	an American	Unknown	■ Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	2				Number now o	leceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations				Number of ind	uced termi	nations 0			
Dates of termination	is (Do	not include this termina	tion. If more t	than six (6), t	hose me	ost recent.)						
1		2				4	5	Compli	cation(s) of Pregnan	cy Termination		
Fetus delivered alive		If yes, length of tir	ne fetus surviv	/ed:				•		ine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:		Hemorrhage Cervical Laceration						
Yes •	No					☐ Infection ☐ Retained Products						
						☐ Other (Specify)						
Pathological examin performed?	ation	If yes, results:										
Yes •	No									ult in a maternal death?		
							☐ Ye	s I N	0			
				Type of	f Termii	nation Procedur	es					
Procedure that Term	inate	l Pregnancy				Additional Pro	ocedure that Ter	minated Pr	regnancy			
Medical (Nonsu							(Nonsurgical) M (Nonsurgical) M					
		l) Other (<i>Specify</i>)					(Nonsurgical) (
Medical (Surgional Control Contro	cal) S	Suction Curettage				☐ Medical	(Surgical) Suct	ion Curetta	ige			
	cal) N	Ienstrual Aspiration					(Surgical) Men (Surgical) Othe					
- Wedlear (Surgic	our) (other (speetyy)				_ second (sugard) successfully						
Eor Madical (Surgice	o1) pr	ocedures, answer the fol	lowing questic			For Modical (Surgical) proces	duras ansu	ver the following qu	ostion		
` `	, 1	•	<i>U</i> 1									
Was the fetus viab		nave a post fertilization a	ige at least 20	weeks?			is viable of have les \square No	e a post fert	tilization age at leas	t 20 weeks?		
If the previous quest	ion w	as answered yes, comple	ete the followi	ng questions.		If the previous	s question was a	ınswered ye	es, complete the foll	owing questions.		
		best opportunity to survi	ve?				as given the best	opportuni	ty to survive?			
	□ No					_	les □ No					
		letermination that the praire to avert death or seri								man had a condition ment to the pregnant		
woman?			•	1 0		woman?	•		•	1 0		
Date last normal me		•		Physician	estimate	e of gestation (ii	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)		
How were the gestat		09/29/2017 age and post fertilization	n age determin	ned?		10			8			
ULTRASOUND	How were the gestational age and post fertilization age determined? JLTRASOUND											
Full name of physici		rforming termination										
Address of physician	n perf	orming termination (num		t, city, state,	and zip	code)						
200 S. MERIDIAN	ST, I	NDIANAPOLIS, IN 46	225									
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOOD (F BLOOMINGTON, IN, 47403	ldress PPCSI)	(MONROE CO.) - 421 SOUT	H COLLEGE AVE	ENUE, Ci	ity or to		ncy termination		County of pregnar	ncy termination ONROE		
Patient's age** 26	Marri	ed □ Yes ■ No		nancy terminat 12/14/2017	tion	Educat	ion	Bach	nelor's Degree			
Race American Indian o Native Hawaiian o			☐ Asian ■ White	☐ Black or	Africa	ın American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living		Ouler			Number now o		•	CIIKIIOWII		
Other Terminations:	. 1	Number of spontaneous	os terminations				Number of inc	luced termi				
Dates of terminations		ot include this termina	tion. If more t	han six (6), th	ose mo	st recent.)			0			
1		2	•			k	5		6			
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	red:				Compli	cation(s) of Pregnan	cy Termination		
☐ Yes ■ No	O						•	None	☐ Uteri	ne Perforation		
Fetus viable?		If viable, medical r	eason for term	ination:				Hemorrhag	ge 🔲 Cerv	ical Laceration		
Yes No	o	ii viaole, medicari	cason for term	mation.				Infection	☐ Reta	ined Products		
						Other (Specify)						
Pathological examinat	tion	If yes, results:										
performed? ☐ Yes ■ N	ſo.						D: 141		<u> </u>	11.10		
L les E N	10									ult in a maternal death?		
				Type of	Termin	ation Procedur	es					
Procedure that Termin	nated]	Pregnancy				Additional Pro	ocedure that Te	rminated P	regnancy			
☐ Medical (Nonsur									•			
☐ Medical (Nonsur	gical)	Misoprostol				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
☐ Medical (Nonsur	gicai)	Otner (Specify)				☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgica		ction Curettage enstrual Aspiration					(Surgical) Suct (Surgical) Men					
Medical (Surgica						Medical (Surgical) Other (Specify)						
For Medical (Surgical) proc	edures, answer the foll	owing question	on.		For Medical (Surgical) proce	dures, answ	ver the following que	estion.		
Was the fetus viable	or ha	ve a post fertilization a	ige at least 20	weeks?		Was the fetu	is viable or have	e a post fer	tilization age at leas	t 20 weeks?		
☐ Yes ■							es No	•	C			
If the previous question	on was	s answered yes, comple	ete the following	ng questions.		If the previous	s question was a	answered y	es, complete the foll	owing questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				is given the bes	t opportuni	ty to survive?			
What was the basis f	for de	termination that the pro	egnant woman	had a condition	on	What was th	e basis for dete	rmination t	hat the pregnant wo	man had a condition		
		e to avert death or serie								ment to the pregnant		
woman.						··· Oman:						
District	•			Di · ·		<u> </u>	7 \	ъ	.*1* .* 0.1			
Date last normal mens		gan //10/2017		Physician es	stimate	of gestation (in 8	n weeks)	Post fe	ertilization age of the	e ietus (<i>in weeks)</i>		
How were the gestation	onal aş	ge and post fertilization	age determin	ied?								
ULTRASOUND												
Full name of physician DR. CAROL DELLIN	NGER	<u> </u>										
Address of physician p		-		t, city, state, a	nd zip	code)		_				
200 C. MILITIDIAN S	, IIVI	DIAMAI OLIS, IN 40.										
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403							ncy termination		County of pregnancy termination MONROE	
						Γ_				
35	Marrie [ed Yes • No	Date of pregn	nancy terminat 12/14/2017	tion	Educa	tion		ociate Degree	
Race American Indian or Native Hawaiian or	Othe	r Pacific Islander	Asian White	Black or Other	r Africa	an American	Unknown	■ Not l	y anic or Latino Hispanic or Latino	
Live Births:		lumber now living	0				Number now o		0	
Other Terminations:	N	lumber of spontaneou	s terminations 1				Number of inc	luced termi	inations 0	
Dates of terminations (Do no	ot include this termina 2.	tion. If more t	than six (6), th	ose mo	ost recent.)	5		6	
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ved:				Compli	cation(s) of Pregnancy Termination	
☐ Yes ■ No)						•	None	☐ Uterine Perforation	
								Hemorrhag	ee	
Fetus viable?		If viable, medical r	eason for term	nination:					_	
Yes No)							Infection	Retained Products	
								Other (Spe	cify)	
Pathological examinati performed?	ion	If yes, results:								
Yes No)						Did thi	s terminati	on of pregnancy result in a maternal death?	
							☐ Ye			
				Type of	Termiı	nation Procedu	es			
Procedure that Termina	ated F	Pregnancy				Additional Pr	ocedure that Te	rminated P	regnancy	
						_				
Medical (NonsurgMedical (Nonsurg							(Nonsurgical) I (Nonsurgical) I			
Medical (Nonsurg							(Nonsurgical)			
Medical (Surgical) Suc	tion Curettage				☐ Medical	(Surgical) Suct	ion Curetta	nge	
☐ Medical (Surgical)) Me	nstrual Aspiration					(Surgical) Men	strual Aspi	iration	
Medical (Surgical)) Oth	er (Specify)				☐ Medical	(Surgical) Othe	er (Specify)		
For Medical (Surgical)	proc	edures, answer the fol	lowing question	on.		For Medical (Surgical) proce	dures, answ	ver the following question.	
Was the fetus viable		ve a post fertilization a	age at least 20	weeks?				e a post fer	tilization age at least 20 weeks?	
☐ Yes ☐						_	Yes No			
If the previous question	n was	answered yes, comple	ete the followi	ng questions.		If the previou	s question was a	inswered y	es, complete the following questions.	
Was the fetus given to ☐ Yes ☐		st opportunity to survi	ve?				us given the bes Yes No	t opportuni	ty to survive?	
		ermination that the pro							that the pregnant woman had a condition	
that required the proc woman?	edure	to avert death or serie	ous impairmer	nt to the pregn	ant	that required woman?	d the procedure	to avert dea	ath or serious impairment to the pregnant	
woman?						woman:				
Date last normal mense	_			Physician es	stimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)	
How were the gestation		/15/2017 re and post fertilization	age determin	l ned?		8			6	
ULTRASOUND	ug	, post fortilization	- 250 00001111111							
Full name of physician DR. CAROL DELLIN										
Address of physician p	erfori	ning termination (num		t, city, state, a	ınd zip	code)				
200 S. MERIDIAN ST	, INE	DIANAPOLIS, IN 46	225							
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PLANNED PARENTHOOD (PPO BLOOMINGTON, IN, 47403	ess SI) (MONROE CO.) - 421 SOU	City or town, of pregnancy termination BLOOMINGTON					County of p		termination					
22	arried Yes No	Date of pregnancy term 12/14/201		Educa	tion	Hi		ol Diploma	or GED					
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Black ■ White ☐ Othe		an American	□ Hei	known		nic or Latino ispanic or La		☐ Unknown				
Live Births:	Number now living	0	<u>- </u>			er now de		0						
Other Terminations:	Number of spontaneou	us terminations 0			Numb	er of indu	ced termin	ations 0						
Dates of terminations (D		ation. If more than six (6)), those m	ost recent.)										
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:		4			lone		Uterine	Termination Perforation				
Fetus viable? Yes No	If viable, medical			☐ In	lemorrhage nfection Other (Speci			ll Laceration d Products						
Pathological examination performed? Yes No									Did this termination of pregnancy result in a maternal death? Yes No					
			6.55											
Procedure that Terminate Medical (Nonsurgic		Туре	of Termi	Additional Pr	ocedure		ninated Pre	•						
Medical (Nonsurgic	al) Misoprostol			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			☐ Medical	(Surgica		on Curettag trual Aspira (Specify)							
For Medical (Surgical) p	rocedures, answer the fo	llowing question.		For Medical (Surgica	l) procedu	ures, answe	r the followi	ng quest	ion.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks?		Was the fett	ıs viable		a post ferti	lization age a	it least 20	0 weeks?				
		lete the following question	ns.				nswered yes	s, complete tl	he follow	ving questions.				
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	rive?		Was the fett	ıs given Yes 🗀		opportunity	to survive?						
		regnant woman had a con ious impairment to the pr								nn had a condition ent to the pregnant				
Date last normal menses	began 10/22/2017	Physicia	ın estimat	e of gestation (i	n weeks		Post fer	tilization age	of the fe	etus (in weeks)				
How were the gestationa ULTRASOUND	l age and post fertilization	on age determined?												
Full name of physician	erforming termination													
Full name of physician p DR. CAROL DELLING	ER													
Address of physician per 200 S. MERIDIAN ST ,	_	mber and street, city, stat 6 225	e, and zip	code)										
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCS	S I) (MONROE CO.) - 421 SOUT	'H COLLEGE AVE	ENUE,	City or town, of pregnancy termination BLOOMINGTON				County of pregnancy termination MONROE				
Defined the I			Data C		-4:	l E i	.:						
Patient's age** 28	Mai	ried Yes No	Date of pregr	12/14/2017		Educat	tion		ollege, No Degree	,			
Race American Indian Native Hawaiian			☐ Asian ■ White	Black of Other	or Afric	an American	Unknown		y anic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	0				Number now d	eceased	0				
Other Termination	s:	Number of spontaneou	s terminations 0				Number of ind	uced termi	nations 1				
Dates of termination 1. UNKNOWN	s (Do	not include this termino	•				5		6.				
Fetus delivered alive		If yes, length of tir						Compli	cation(s) of Pregnan	cy Termination			
☐ Yes ■ 1	No						■ 1	None	☐ Uteri	ne Perforation			
F. 11.0		TC : 11 1: 1	· ·				1	Hemorrhag	ge 🔲 Cerv	ical Laceration			
Fetus viable? Yes I	No	If viable, medical i	eason for term	nination:				nfection	☐ Retai	ned Products			
				☐ Other (Specify)									
Pathological examination	ation	If yes, results:											
performed?									Did this termination of pregnancy result in a maternal death?				
					☐ Ye			int in a maternal death:					
				Type of	f Termi	nation Procedur	res						
Procedure that Term	inate	l Pregnancy				Additional Pr	ocedure that Ter	minated Pr	regnancy				
Medical (Nonsu							(Nonsurgical) N						
Medical (Nonsu Medical (Nonsu		l) Misoprostol l) Other (Specify)					(Nonsurgical) N (Nonsurgical) C						
Medical (Surgic	cal) S	uction Curettage				☐ Medical	(Surgical) Sucti	on Curetta	ıge				
	cal) N	Ienstrual Aspiration				☐ Medical	(Surgical) Men (Surgical) Othe	strual Aspi	ration				
		(2F = 237)				Medical (Surgical) Guici (Specify)							
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
		nave a post fertilization	age at least 20	weeks?				a post fer	tilization age at least	20 weeks?			
Yes [_	as answered yes, compl	ete the followi	ng questions	.	_	Yes ☐ No	nswered v	es, complete the foll	owing questions			
Was the fetus given	n the	best opportunity to surv		ng questions	•	Was the fetu	is given the best	•	_	owing questions.			
	□ No					_	les □ No						
		etermination that the pr are to avert death or seri								man had a condition ment to the pregnant			
woman?						woman?							
Date last normal mer		egan 0/17/2017		Physician	estimate	e of gestation (i.	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)			
_		age and post fertilization	n age determin	ned?		<u>-</u>		1	<u> </u>				
ULTRASOUND	JLTRASOUND												
Full name of physici	on ==	rforming towningtion											
DR. CAROL DELL													
	-	orming termination (num		t, city, state,	and zip	code)							
	J 1 , 11	TEIRITAL OLIO, III 40											
**Date Reported t	**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD (PI BLOOMINGTON, IN, 47403	MONROE CO.) - 421 SOUTH	I COLLEGE AVEN	City	City or town, of pregnancy termination BLOOMINGTON			County of pregnancy termination MONROE			
Γ										
21	Marrio [ed Yes • No		ncy termination 2/14/2017	n Educ	eation		ollege, No Degree		
Race American Indian or Native Hawaiian or	Othe	r Pacific Islander	Asian White	☐ Black or A☐ Other	frican American	Unknov	wn Not	y anic or Latino Hispanic or Latino		
Live Births:		lumber now living	0				ow deceased	0		
Other Terminations:	N	lumber of spontaneous	terminations 0			Number of	f induced term	inations 0		
Dates of terminations (Do ne	ot include this terminat	tion. If more th	an six (6), those	e most recent.)	1				
1		2	3		4		5	cation(s) of Pregnancy Termination		
Fetus delivered alive? Yes No)	If yes, length of tim	e fetus survive	d:			_	<u> </u>		
							None	☐ Uterine Perforation		
Fetus viable?		If viable, medical re	eason for termi	nation:			☐ Hemorrhag	ge Cervical Laceration		
☐ Yes ■ No)						Infection	☐ Retained Products		
						[Other (Spe	cify)		
Pathological examinati	ion	If yes, results:								
performed?						<u></u>	1 41-1 - 4 1 - 41			
Yes ■ No Did this termination of pregnancy result in a maternal death? Yes ■ No										
				Type of Te	mination Proced	ures				
Procedure that Termina	atad E)ragnan <i>e</i> v		<u>, , , , , , , , , , , , , , , , , , , </u>			t Terminated P	ragnancy		
					1_					
Medical (NonsurgMedical (Nonsurg							al) Mifepristor al) Misoprosto			
Medical (Nonsurg							al) Other (Spec			
Medical (Surgical							Suction Curetta			
Medical (Surgical Medical (Surgical							Menstrual Asp Other (Specify)			
	,	(SF 1093)				(**********	(~ F 3))			
For Medical (Surgical)	nroo	aduras, anguar tha fall	owing question		Eor Madian	(Curainal) n	roaduras ansv	ver the following question.		
,	1	•	<i>U</i> 1			, , , ,				
Was the fetus viable ☐ Yes ☐		ve a post fertilization a	ge at least 20 w	veeks'?		etus viable or Yes \[\] N		tilization age at least 20 weeks?		
If the previous question	n was	answered yes, comple	te the followin	g questions.	If the previo	ous question v	vas answered y	res, complete the following questions.		
Was the fetus given t ☐ Yes ☐		st opportunity to surviv	ve?			etus given the Yes \[\] N	best opportuni	ity to survive?		
			,			_		distribution and the second se		
		ermination that the pre to avert death or serio						that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?					woman?					
Date last normal mense	_		Ī	Physician estir	nate of gestation	(in weeks)	Post fo	ertilization age of the fetus (in weeks)		
How were the control		/25/2017	ago deter	49	9			7		
How were the gestation ULTRASOUND	nai ag	e and post tertifization	age determine	a?						
Full name of physician										
DR. CAROL DELLIN Address of physician p			ber and street,	city, state, and	zip code)					
200 S. MERIDIAN ST	Γ, INE	DIANAPOLIS, IN 462	225							
**Data Dan 1	Date Reported to DCS, if Patient under 14 (month, day, year):									
Date Reported to	טכט	, ii raueiii under 14	(month, aay, y	eur)				_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						City or town, of pregnancy termination BLOOMINGTON						by termination NROE
21	arried	Yes No	Date of pregna	ancy terminati 12/14/2017	ion	Educa	tion	н		ol Diploma	a or GEI)
Race American Indian or A Native Hawaiian or O			☐ Asian ■ White	☐ Black or ☐ Other	Afric	an American	☐ Uni	known		nic or Latin lispanic or I		☐ Unknown
Live Births:	Nu	mber now living	2				Numb	er now d	eceased	0		
Other Terminations:	Nu	mber of spontaneou					Numb	er of ind	uced termin			
Dates of terminations (L	Do not	include this termine	ation. If more th	han six (6), the	ose m	ost recent.)		5		0	6	
Fetus delivered alive? Yes No		If yes, length of tin		ed:		<u> </u>		• N	Complic	ation(s) of I	_	y Termination e Perforation
Fetus viable? Yes No			_ I	Hemorrhage infection		_	al Laceration ed Products					
Pathological examination performed? Yes No									Other (Spec		ncy resul	t in a maternal death?
								☐ Yes				
				Type of T	Termi	nation Procedur	es					
Procedure that Terminat	ed Pre	egnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy		
Medical (Nonsurgion Medical (Nonsurgio Medica)	cal) N	Iisoprostol				☐ Medical	(Nonsu	rgical) M	Mifepristono Misoprostol Other (Speci			
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Mens	strual Aspiration				☐ Medical	(Surgical	al) Mens	on Curettaş strual Aspir r (Specify)			
For Medical (Surgical) p	oroced	lures, answer the fol	lowing question	on.		For Medical (Surgica	l) proced	lures, answ	er the follow	wing ques	tion.
Was the fetus viable of Yes 1		a post fertilization	age at least 20 v	weeks?		Was the fett	ıs viable Yes 🗀		a post fert	lization age	at least 2	20 weeks?
If the previous question	was a	nswered yes, compl	ete the followir	ng questions.		If the previou	s questi	on was a	nswered ye	s, complete	the follo	wing questions.
Was the fetus given the ☐ Yes ☐ 1		opportunity to surv	ive?			Was the fett	ıs given Yes [opportunit	y to survive	?	
What was the basis for that required the proce woman?												an had a condition nent to the pregnant
L												
Date last normal menses	_	n (NOWN		Physician es	stimate	e of gestation (i	n weeks)	Post fer	tilization aş	ge of the	fetus (in weeks)
How were the gestational ULTRASOUND	al age	and post fertilizatio	n age determin	ed?					•			
Full name of physician p	ER											
Address of physician per 200 S. MERIDIAN ST,		-		t, city, state, ar	nd zip	code)						
**Date Reported to D	OCS. i	if Patient under 14	4 (month, day, y	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Addre PLANNED PARENTHOOD (PPC BLOOMINGTON, IN, 47403	ess Si) (Monroe Co.) - 421 South College	City	or town, of pregna	ncy termination	I	County of pregnancy termination MONROE			
D / 1 mm 1	T == -		1	<i>,</i> .					
30	arried Date of p ☐ Yes ■ No	regnancy termination 12/14/2017	n Educa	tion		lege, No Degree			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander White	☐ Black or A☐ Other	frican American	Unknown	Not Hi	iic or Latino 🔲 Unknown			
Live Births:	Number now living	3		Number now o	deceased	0			
Other Terminations:	Number of spontaneous terminat			Number of inc	luced termina	_			
Dates of terminations (D	l o not include this termination. If mo	ore than six (6), those	e most recent.)			0			
1	23		4	5		6			
Fetus delivered alive? Yes No	If yes, length of time fetus su	rvived:			Complica	tion(s) of Pregnancy Termination			
					None	Uterine Perforation			
Fetus viable?	If viable, medical reason for	termination:			Hemorrhage	☐ Cervical Laceration			
Yes No	ii viacio, incarcar reason roi				Infection	☐ Retained Products			
			Other (Specif	fy)					
Pathological examination	If yes, results:				. 1 3				
performed?									
☐ Yes ■ No				Did thi		n of pregnancy result in a maternal death?			
		Type of Te	rmination Procedur	res					
Procedure that Terminate	ed Pregnancy	77		ocedure that Te	rminated Dra	gnancy			
					•	gnancy			
Medical (NonsurgicMedical (Nonsurgic				(Nonsurgical) I (Nonsurgical) I					
Medical (Nonsurgic				(Nonsurgical)		y)			
Medical (Surgical)	Suction Curettage		_	(Surgical) Suct	ion Curettage				
	Menstrual Aspiration			(Surgical) Men (Surgical) Other	strual Aspira				
iviedicai (Surgical)	Outer (Specify)		Wiedical	(Surgical) Offic	л (вресцу)				
			_						
For Medical (Surgical) p	rocedures, answer the following qu	estion.	For Medical (Surgical) proce	dures, answer	r the following question.			
	have a post fertilization age at leas	t 20 weeks?			e a post fertil	ization age at least 20 weeks?			
☐ Yes ☐ N				Yes No					
If the previous question v	was answered yes, complete the follows	lowing questions.	If the previou	s question was a	answered yes	, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	be best opportunity to survive? No			us given the bes Yes \text{No}	t opportunity	to survive?			
	determination that the pregnant wo					at the pregnant woman had a condition			
that required the proced woman?	dure to avert death or serious impair	rment to the pregnant	t that require woman?	d the procedure	to avert death	n or serious impairment to the pregnant			
., ., ., ., .,			,, omaii:						
District	1								
Date last normal menses	began 10/20/2017	Physician estin	mate of gestation (i	n weeks)	Post fert	ilization age of the fetus (in weeks) 5			
	l age and post fertilization age deter	rmined?							
ULTRASOUND									
Full name of physician p DR. CAROL DELLING	=								
	forming termination (number and s	treet, city, state, and	zip code)						
	INDIANAPOLIS, IN 46225	· 							
**Date Reported to D	CS, if Patient under 14 (month, a	day, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or town, of pregnancy termination BLOOMINGTON County of pregnancy term MONRO					•		
Dationt's ass**			Date of	nonov: +=	notice	p.i	tion					
Patient's age** 34	Mai	rried ☐ Yes ■ No	Date of pregn	12/14/2017		Educa	ition	н	igh Scho	ol Diploma or GE	:D	
Race American Indian Native Hawaiian			Asian White	☐ Black ■ Other		an American		known er now d	■ Not I	anic or Latino Hispanic or Latino	Unknown	
Live Births:			3							0		
Other Termination	s:	Number of spontaneou	us terminations 0				Numb	per of ind	uced termin	nations 1		
Dates of termination 1. UNKNOWN	s (Do	not include this termin				ost recent.)						
Fetus delivered alive	.?	If yes, length of tin		red:		4		5	Complic	cation(s) of Pregnan	cy Termination	
☐ Yes ■ I		in yes, rengar or an	ine retus sur (1)	cu.				1	None	☐ Uteri	ne Perforation	
										_		
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_	ical Laceration	
☐ Yes ■ I	No					☐ Infection ☐ Retained Products						
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	s termination	on of pregnancy res	alt in a maternal death?	
								☐ Yes				
				Туре	of Termi	nation Procedu	res					
Procedure that Term	inate	d Pregnancy				Additional Pr	rocedure	e that Ter	minated Pr	regnancy		
☐ Medical (Nonsu									/lifepriston			
Medical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Spec			
		-, (op					(-8	(~ _F = -	957		
		Suction Curettage Menstrual Aspiration							on Curetta strual Aspin			
Medical (Surgio									r (Specify)			
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.	
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at leas	20 weeks?	
	■ N						Yes [_				
If the previous quest	ion w	as answered yes, compl	lete the following	ng question	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.	
		best opportunity to surv	vive?					_	opportunit	ty to survive?		
☐ Yes ☐] No)					Yes [No				
		letermination that the pure to avert death or seri									man had a condition ment to the pregnant	
woman?	occui	are to avert death of ser	ious impairmen	it to the pre	gnant	woman?	d the pr	occdure t	o avert dea	un or serious impan	ment to the pregnant	
Date last normal men	nses t	oegan		Physician	n estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)	
		10/15/2017				8				6		
How were the gestat ULTRASOUND	ıonal	age and post fertilization	on age determin	ied'?								
CLINAGOUND												
Full name of physici	an ne	rforming termination										
DR. CAROL DELL	-	•										
	-	orming termination (num		t, city, state	, and zip	code)						
ZUU 5. MEKIDIAN	51,1	NDIANAPOLIS, IN 46	0225									
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day.	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403							ncy termination		County of pregnam	ncy termination ONROE	
Dational state	1		Data C		4:.	l mi	.:				
Patient's age** 29	Ma	rried Yes No	Date of pregr	nancy termina 12/14/2017	ation	Educat			ool Diploma or GI	ED	
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Africa	an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	3				Number now d	leceased	0		
Other Termination	ıs:	Number of spontaneou	s terminations				Number of ind	uced termi	nations 0		
Dates of termination	is (Do	not include this termina	tion. If more t	than six (6), th	hose mo	ost recent.)					
1		2				4	5	Compli	cation(s) of Pregnan	cy Termination	
Fetus delivered alive		If yes, length of tir	ne fetus surviv	/ed:				•			
										ine Perforation	
Fetus viable?		If viable, medical r	eason for term	nination:				Hemorrhag	ge 📙 Cerv	ical Laceration	
Yes •	No					☐ Infection ☐ Retained Products					
								Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:									
Yes •	No									ult in a maternal death?	
							☐ Ye	s 🔳 N	0		
				Type of	Termin	nation Procedur	es				
Procedure that Term	inate	d Pregnancy				Additional Pro	ocedure that Ter	minated Pr	regnancy		
Medical (Nonsu Medical (Nonsu							(Nonsurgical) M (Nonsurgical) M				
		l) Other (Specify)					(Nonsurgical) (
Medical (Surgio	cal) S	Suction Curettage				☐ Medical	(Surgical) Sucti	ion Curetta	ige		
	cal) N	Ienstrual Aspiration					(Surgical) Men (Surgical) Othe				
- Wedlear (Sargin	cui) (other (speetyy)				Wiedicar	(Surgicur) Ourc	г (вресцу)			
Ear Madical (Syraia		ocedures, answer the fol	lavvina avastis			For Madical (Curcias) musas	lumas amarr	ver the following qu		
, ,	, 1		0 1								
Was the fetus viab		nave a post fertilization a	ige at least 20	weeks?			is viable of have les \text{No}	e a post fert	tilization age at leas	t 20 weeks?	
If the previous quest	tion w	as answered yes, comple	ete the followi	ng questions.	•	If the previous	s question was a	nswered y	es, complete the following	lowing questions.	
		best opportunity to survi	ve?				is given the best	opportuni	ty to survive?		
	□ N					_	les □ No				
		letermination that the praire to avert death or seri								man had a condition rment to the pregnant	
woman?			•	1 0		woman?	•		•	1 0	
Date last normal me		•		Physician e	estimate	e of gestation (ii	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)	
How were the gestat		age and post fertilization	n age determin	l ned?		8			6		
ULTRASOUND											
Full name of physici		rforming termination									
	-	orming termination (num		t, city, state, a	and zip	code)					
200 S. MERIDIAN	ST, I	NDIANAPOLIS, IN 46	225								
**Date Reported t	to D0	CS, if Patient under 14	(month, day,	year):					_		

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Facility Name and Addre PLANNED PARENTHOOD (PPC BLOOMINGTON, IN, 47403	ess SI) (MONROE CO.) - 421 SOU	City or town, of pregnancy termination BLOOMINGTON					County of pr		y termination	
Patient's age** Ma	nrried Yes No	Date of pregnancy term 12/14/201		Educa	tion			er's Degree	.	
Race American Indian or A Native Hawaiian or C	ther Pacific Islander	☐ Asian ☐ Black ☐ White ■ Othe		an American	☐ Unl		☐ Not H	nic or Latino ispanic or La	tino	Unknown
Live Births:	Number now living	1			Numb	er now d	eceased	0		
Other Terminations:	Number of spontaneou	is terminations			Numb	er of indu	iced termin	ations 0		
Dates of terminations (De	I o not include this termin	ation. If more than six (6)), those m	ost recent.)						
1	2	3		4		5			6	
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:					Complica	ation(s) of Pre	egnancy	Termination
						■ N	Vone		Uterine	Perforation
Fetus viable?	If viable medical	reason for termination:				□ F	Iemorrhage		Cervica	al Laceration
Yes No	ir viacie, medicar	1045011 101 101111111111111111				☐ I	nfection		Retaine	ed Products
						П	Other (Spec	fy)		
Pathological examination	If yes, results:						. 1	,,,,		
performed?										
☐ Yes ■ No						Did this			y result	in a maternal death?
		Type	of Termi	nation Procedur	res					
Dunandar of A. W. C. C.	. 1 D	1 ypc	J. 1011111			4				
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure	that Ten	minated Pro	egnancy		
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical Me							Iifepristone Iisoprostol			
Medical (Nonsurgic							ther (<i>Speci</i>	fy)		
Medical (Surgical)	Suction Curettage			☐ Medical	(Surgica	al) Sucti	on Curettag	e		
	Menstrual Aspiration			☐ Medical	(Surgica	al) Mens	trual Aspir			
in Medical (Surgical)	Omer (<i>specify</i>)			Medicai	(Surgica	ai) Otilei	(Specify)			
For Medical (Surgical) p	rocedures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ■ N	have a post fertilization lo	age at least 20 weeks?			us viable Yes 🗀		a post ferti	lization age a	t least 2	0 weeks?
If the previous question v	was answered yes, comp	lete the following questio	ns.	If the previou	s questi	on was a	nswered ye	s, complete th	ne follov	ving questions.
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	rive?		Was the fett	us given Yes		opportunity	to survive?		
What was the basis for	determination that the p	regnant woman had a con	dition	What was th	ne basis	for deter	mination th	at the pregnat	nt wom:	an had a condition
that required the proceed		ious impairment to the pr		that required	d the pro	ocedure t	o avert dea	h or serious i	mpairm	ent to the pregnant
woman?				woman?						
Date last normal menses	began UNKNOWN	Physicia	ın estimat	e of gestation (i	n weeks)	Post fer	tilization age	of the f	etus (in weeks)
How were the gestational		on age determined?		- 11					9	
ULTRASOUND		-								
Full name of physician p	-									
Address of physician per	-		e, and zip	code)						
200 S. MERIDIAN ST,	INDIANAPULIS, IN 4	0440								
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):								

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or town, of pregnancy termination County of p BLOOMINGTON					County of pregnan	cy termination
Patient's age**	7.5	., 1	Date of pregn	ignov tormi-	nation	Educa	ntion				
39	Mai	rried Yes I No		12/06/2017		Educa	шоп		Bach	elor's Degree	
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	■ Black □ Other		an American		known	■ Not I	nnic or Latino Hispanic or Latino	Unknown
Live Births:		Number now living	1					er now d		0	
Other Termination	s:	Number of spontaneou	is terminations 0				Numb	er of ind	uced termii	nations 0	
Dates of termination	s (Do	not include this termina				ost recent.)					
Fetus delivered alive	.2	If yes, length of tin				4		5	Complic	cation(s) of Pregnanc	v Termination
Yes I		ii yes, iengiii oi iii	ilie ietus suiviv	eu.				1	•	_	ne Perforation
										_	
Fetus viable?		If viable, medical	reason for term	nination:				∐ I	Hemorrhage	e 🔲 Cervi	cal Laceration
☐ Yes ■ I	No							☐ I	nfection	☐ Retain	ned Products
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did this	s termination	on of pregnancy resu	It in a maternal death?
								☐ Yes			
				Туре	of Termin	nation Procedu	res				
Procedure that Term	inate	d Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy	
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e	
☐ Medical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Spec		
	8	-, (op,)					(- 10-10-1	-8	(~F	357	
		Suction Curettage Menstrual Aspiration				☐ Medical ☐ Medical	(Surgic	al) Sucti al) Mens	on Curettag strual Aspin	ge ration	
☐ Medical (Surgio									r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing question	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	stion.
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?
	■ N		C				Yes [_		C	
If the previous quest	ion w	as answered yes, compl	lete the following	ng question	s.	If the previou	ıs questi	on was a	nswered ye	es, complete the follo	owing questions.
		best opportunity to surv	rive?			Was the fet	us giver	the best	opportunit	ty to survive?	
☐ Yes ☐] No)					Yes [No			
		letermination that the prure to avert death or seri								hat the pregnant wor	nan had a condition ment to the pregnant
woman?	occa	are to avert death of sen	ious impairmen	it to the pre	Simin	woman?	d the pr	occuure t	o avert dea	an or serious impair	nent to the pregnant
Date last normal men	nses t	oegan		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)
		09/04/2017				10				8	
How were the gestat ULTRASOUND	ıonal	age and post fertilization	n age determin	ied?							
221101000110											
Full name of physici	an ne	rforming termination									
DR. CAROL DELL	-	•									
	-	orming termination (num		t, city, state,	, and zip	code)					
ZUU S. MEKIDIAN	ا , ا د	NDIANAPOLIS, IN 46	0220								
**Date Reported t	o DO	CS, if Patient under 14	4 (month, day.	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or to	City or town, of pregnancy termination County of pregnan INDIANAPOLIS M					ncy termination ARION		
				III	JL			IVI			
23	urried No	Date of pregnancy term 12/06/201		Educat	ion	Н		Diploma or GE	:D		
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	☐ Asian ☐ Blacc ■ White ☐ Other		n American		known		e or Latino panic or Latino	☐ Unknown		
Live Births:	Number now living	2				er now do		0			
Other Terminations:	Number of spontaneou	us terminations 0			Numb	er of indu	uced terminat	ions 0			
Dates of terminations (De		*									
Fetus delivered alive? Yes No	If yes, length of tie	me fetus survived:	4.			5	Complicati	on(s) of Pregnan	cy Termination		
						■ N	None	☐ Uteri	ne Perforation		
Fetus viable?	If viable medical	reason for termination:				□ H	Hemorrhage	☐ Cerv	ical Laceration		
Yes No	ii viaoie, medicar	reason for termination.				☐ Iı	nfection	Retai	ned Products		
							Other (Specify)			
Pathological examination	If yes, results:										
performed? ☐ Yes ■ No											
		Туре	of Termin	ation Procedur	es						
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure	that Terr	minated Pregi	nancy			
☐ Medical (Nonsurgical	,						lifepristone	•			
☐ Medical (Nonsurgical)	al) Misoprostol			■ Medical	(Nonsui	rgical) M	Iisoprostol				
☐ Medical (Nonsurgical	al) Other (Specify)			☐ Medical	(Nonsui	rgical) O	other (Specify))			
Medical (Surgical)							on Curettage				
Medical (Surgical)	Menstrual Aspiration Other (Specify)						strual Aspirati (Specify)	on			
For Medical (Surgical) pr	rocedures, answer the fo	llowing question.		For Medical (Surgica	l) proced	ures, answer	the following que	estion.		
Was the fetus viable or	have a post fertilization	age at least 20 weeks?		Was the fetu	ıs viable	e or have	a post fertiliz	ation age at least	20 weeks?		
☐ Yes ■ N	lo			□ <i>Y</i>	es [] No	•	·			
If the previous question v		• •	ns.	•	•		•	•	owing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			is given es		opportunity t	o survive?			
		regnant woman had a con							man had a condition ment to the pregnant		
woman?	are to avert death of ser	rous impairment to the pr	Cgnant	woman?	· uic pro	seedare t	o avert death	or serious impun	ment to the pregnant		
Date last normal menses	began	Physicia	ın estimate	of gestation (i	n weeks)	Post fertil	ization age of the	e fetus (in weeks)		
	09/18/2017	1		9				7			
How were the gestational ULTRASOUND	age and post fertilization	n age determined?									
	Full name of physician performing termination										
DR. CAROL DELLING		mbon and atmost	a ard-i-	2042)							
Address of physician per 200 S. MERIDIAN ST, I	-		е, ина zīр с	.oue)							
, 	· · · · · · · · · · · · · · · · · · ·										
**Date Reported to Do	CS, if Patient under 1	4 (month, day, year):									

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Facility Name and Addre PPIN-GEORGETOWN OR (PPG	ess ii) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or town		ncy termination	1	County of pregnancy termination MARION			
			1				ı			
24	arried ☐ Yes ■ No	Date of pregnancy term 12/06/20		Educat	tion		nelor's Degree			
Race American Indian or A Native Hawaiian or C		☐ Asian ■ Bla ☐ White ☐ Oth	ck or African A ner	merican	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	0			Number now	deceased	0			
Other Terminations:	Number of spontaneou	is terminations			Number of in	duced termi	nations 0			
Dates of terminations (D	Oo not include this termin	ation. If more than six (6), those most re	ecent.)						
1	1	3	4		5	Complia	cation(s) of Pregnanc	v. Tomaination		
Fetus delivered alive? ☐ Yes ■ No	If yes, length of ti	me fetus survived:				•	_			
						None	Uterir	ne Perforation		
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	ge 🗌 Cervi	cal Laceration		
☐ Yes ■ No				☐ Infection ☐ Retained Products						
						Other (Spec	cify)			
Pathological examination performed?	n If yes, results:									
Yes No					Did th	is termination	on of pregnancy resu	It in a maternal death?		
					☐ Y	es 🔳 N	O			
		Тур	e of Terminatio	n Procedur	es					
Procedure that Terminate	ed Pregnancy		Ad	lditional Pr	ocedure that To	erminated Pr	regnancy			
Medical (Nonsurgic					(Nonsurgical)					
☐ Medical (Nonsurgic Medical (Nonsurgic					(Nonsurgical) (Nonsurgical)					
Medical (Surgical)	Suction Curettage		_	Medical	(Surgical) Suc	tion Curetta	uge			
☐ Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical) Me	nstrual Aspi	ration			
Medical (Surgical)	Other (Specify)			Medical	(Surgical) Oth	er (Specify)				
For Medical (Surgical) p	procedures, answer the fo	llowing question.	Fo	r Medical (Surgical) proce	edures, answ	ver the following que	stion.		
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks?	V		ıs viable or hav ∕es □ No	e a post fert	tilization age at least	20 weeks?		
			TC	_		1	1	. ,.		
If the previous question				•	-	•	es, complete the follo	owing questions.		
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	ive?	V		us given the bearers	st opportuni	ty to survive?			
What was the basis for	determination that the pr	egnant woman had a co	ndition V	What was th	ne basis for det	ermination t	hat the pregnant won	nan had a condition		
	dure to avert death or ser		oregnant th				ath or serious impair			
woman:			ľ	voman:						
Data last 1	hagan	l pi	ion oati C	anatati (D- + C	meilianei C.d	fatura (inL.)		
Date last normal menses	began 09/11/2017	Physic	ian estimate of	gestation (i	n weeks)	Post fe	ertilization age of the	icius (in weeks)		
How were the gestationa	al age and post fertilization	on age determined?				ı				
ULTRASOUND										
F 11								,		
Full name of physician p DR. CAROL DELLING	-									
Address of physician per	rforming termination (num		ate, and zip code	e)						
200 S. MERIDIAN ST,	INDIANAPOLIS, IN 46	3225								
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year): _					_			

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						ncy termination		County of pregnancy termination MARION		
31	Marı	ied Date o	f pregnancy ter 12/06/2		Educa	tion		elor's Degree		
Race American Indian of Native Hawaiian of	r Oth	er Pacific Islander 🔲 Whi			can American	Unknown		unic or Latino Hispanic or Latino Unknown		
Live Births:		Number now living	0			Number now do	eceased	0		
Other Terminations:		Number of spontaneous termin				Number of indu	iced termin	nations		
Dates of terminations	(Do i	not include this termination. If	more than six ((6), those m	ost recent.)			0		
1		2 3			4	5		6		
Fetus delivered alive?		If yes, length of time fetus	survived:				Complic	ation(s) of Pregnancy Termination		
☐ Yes ■ No)					■ N	Vone	☐ Uterine Perforation		
							Iemorrhage	e Cervical Laceration		
Fetus viable?		If viable, medical reason f	or termination:				Č			
☐ Yes ■ No)						nfection	Retained Products		
							Other (Spec	rify)		
Pathological examinat	ion	If yes, results:								
performed?	_									
☐ Yes ■ No	O					Did this		on of pregnancy result in a maternal death?		
						•				
			T	no of T '	ination Dec J	Pag				
			1 9	pe of Termi	nation Procedur	res				
Procedure that Termin	ated	Pregnancy			Additional Pr	ocedure that Terr	minated Pr	egnancy		
☐ Medical (Nonsurg						(Nonsurgical) M				
☐ Medical (Nonsurg ☐ Medical (Nonsurg						(Nonsurgical) M				
Wedlear (Polisurg	gicai,	Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical						(Surgical) Suction				
☐ Medical (Surgical ☐ Medical (Surgical		enstrual Aspiration ther (Specify)			☐ Medical	(Surgical) Mens (Surgical) Other	trual Aspir	ration		
Wiedlear (Burglear	., 0	ner (specify)			Wiedlean	(Burgicur) Outer	(вресцу)			
For Medical (Surgical)) pro	cedures, answer the following	question.		For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable	or h	ave a post fertilization age at le	east 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?					
☐ Yes ■						Yes 🗌 No	•	C		
If the previous question	n wa	s answered yes, complete the	following quest	tions.	If the previou	s question was a	nswered ye	es, complete the following questions.		
Was the fetus given t	tha h	est opportunity to survive?			Was the fet	us given the best	onnortunit	vi to currivo?		
Yes		est opportunity to survive:				Yes No	оррогини	y to survive:		
What was the hasis f	or de	termination that the pregnant	woman had a co	ondition	What was th	he hasis for deter	mination th	nat the pregnant woman had a condition		
that required the prod		re to avert death or serious imp			that require			th or serious impairment to the pregnant		
woman?					woman?					
Date last normal mens	es be	egan	Physic	cian estimat	te of gestation (i	in weeks)	Post fe	rtilization age of the fetus (in weeks)		
		0/11/2017	·		7	·		5		
_	nal a	ge and post fertilization age de	etermined?							
ULTRASOUND										
Full name of physician	_	=								
DR. CAROL DELLIN			d atmost	tata 1 ·	- aada)					
		rming termination (number an DIANAPOLIS, IN 46225	a street, city, st	uate, and zip	coae)					
	.,									
**Date Reported to	DC	S, if Patient under 14 (mont	h, day, year): _					-		

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Facility Name and Add PPIN-GEORGETOWN OR (PR	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION					
Patient's age** 31	Marr	ied □ Yes ■ No	Date of pregn	nancy termi 12/06/201		Educa	ntion			llege, No Degree	1
Race American Indian or Native Hawaiian or			Asian White	☐ Black		an American	□Un	ıknown		nic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living						er now d		0	
Other Terminations:	1	Number of spontaneou					Numb	per of ind	uced termin		
Dates of terminations ((Do 1	not include this termino 2. 05/24/2013		han six (6),	, those m	ost recent.)	1	5.		6.	
Fetus delivered alive?		If yes, length of tir		ed:					Complic	ation(s) of Pregnan	cy Termination
Yes No)							■ N	None	☐ Uteri	ne Perforation
								☐ F	Hemorrhago	e 🔲 Cerv	ical Laceration
Fetus viable? ☐ Yes ■ No)	If viable, medical	reason for term	ination:					nfection	☐ Reta	ined Products
									Other (Spec	ify)	
Pathological examinati	ion	If yes, results:						outer (spec	957		
performed?											
☐ Yes ■ No	0							Did this			alt in a maternal death?
				Type	of Termi	nation Procedu	res				
Procedure that Termin	ated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy	
☐ Medical (Nonsurg	rical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	lifepristone	e	
☐ Medical (Nonsurg	gical)	Misoprostol				☐ Medical	(Nonsu	rgical) M	Aisoprostol Other (Speci		
Medical (Nollsurg	gicai)	Other (Specify)				Wiedical	(INOIISU	ilgical) C	nnei (speci	gy)	
Medical (SurgicalMedical (Surgical		ction Curettage enstrual Aspiration							on Curettaş strual Aspir		
Medical (Surgical) Ot	her (Specify)							r (Specify)		
For Medical (Surgical)) pro	cedures, answer the fol	lowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
		we a post fertilization	age at least 20	weeks?					a post fert	ilization age at leas	20 weeks?
Yes •		o an arrowed was a same!	ata tha fallowi	ma avaatian	•	_	Yes [marriana d via	a complete the fell	ovina avastians
If the previous question				ng question	18.		•		•	es, complete the foll	owing questions.
Was the fetus given t ☐ Yes ☐		est opportunity to surv	ive?				us givei Yes [opportunit	y to survive?	
		termination that the pr									man had a condition
that required the proc woman?	cedui	e to avert death or seri	ous impairmer	nt to the pre	egnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant
Date last normal mens	es be	gan		Physician	n estimate	e of gestation (in week:	s)	Post fer	rtilization age of the	e fetus (in weeks)
	10)/15/2017				8		,		6	, ,
How were the gestation ULTRASOUND	nal a	ge and post fertilizatio	n age determin	ed?							
JEINAGOND											
Full name of physician	_	-									
DR. CAROL DELLIN Address of physician p			nber and stree	t, citv. state	e, and zin	code)					
200 S. MERIDIAN ST		-									
**Date Reported to	DC	S if Patient under 1/	1 (month day	vear).							
Pare reported to	יייי	, ii i auciit uiiuci 12	т (топт, аау,	yeui j						-	

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Facility Name and Add	lress	ON GEORGETOWN POAR	INDIANAPOLIS	City	or town, of pregn	ancy termination	Cour	nty of pregnancy termination		
. 7 IN-GEORGETOWN OR (PP	ادن - ورن	OU GEORGETOWN ROAL	, INDIANAPULIS,	, 70200	INDIA	NAPOLIS		MARION		
Patient's age** 30	Married	i Yes • No		ancy terminatio	n Educ		ligh School Dip	oloma or GED		
Race American Indian or Native Hawaiian or			Asian White	☐ Black or A	frican American	Unknown	Ethnicity Hispanic or Not Hispani			
Live Births:	Νι	ımber now living	3			Number now o		0		
Other Terminations:		ımber of spontaneou	0			Number of inc	luced terminations	0		
Dates of terminations (t include this termine			,	5		6		
Fetus delivered alive? Yes No		If yes, length of tir						s) of Pregnancy Termination Uterine Perforation		
Fetus viable? ☐ Yes ■ No)	If viable, medical	reason for term	ination:			Hemorrhage Infection	☐ Cervical Laceration☐ Retained Products		
Pathological examination	on	If yes, results:					Other (Specify)			
performed? Yes No		ii yes, results.				Did thi		oregnancy result in a maternal death?		
Type of Termination Procedures										
Drogodyna 41-4 T	nto d D	agnangy		Type of Te			eminated De-	ov.		
	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy									
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical)) Men	strual Aspiration			☐ Medica	l (Surgical) Suct l (Surgical) Men l (Surgical) Othe	strual Aspiration			
For Medical (Surgical)	proced	dures, answer the fol	lowing questic	on.	For Medical	(Surgical) proce	dures, answer the	following question.		
Was the fetus viable o	or have					tus viable or have	e a post fertilizatio	on age at least 20 weeks?		
If the previous question	n was a	inswered yes, compl	ete the followin	ng questions.	If the previo	us question was a	answered yes, con	nplete the following questions.		
Was the fetus given tl ☐ Yes ☐		opportunity to surv	ive?			tus given the bes Yes	t opportunity to su	ırvive?		
What was the basis for that required the proc woman?								pregnant woman had a condition serious impairment to the pregnant		
Date last normal mense	es hegg	n		Physician esti	mate of gestation	(in weeks)	Post fertilizat	ion age of the fetus (in weeks)		
	10/1	5/2017		-	11		2 oot rertinizat	9		
How were the gestation ULTRASOUND	nal age	and post fertilizatio	n age determin	ed?						
l										
DR. CAROL DELLIN	Full name of physician performing termination R. CAROL DELLINGER									
Address of physician po		-		t, city, state, and	zip code)					
**Date Reported to l	DCS,	if Patient under 14	1 (month, day,	year):						

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Patient's age** Ma	urried Date of preg	nancy termination	Educat	ion						
23 Race	☐ Yes ■ No	12/06/2017		T	Associ Ethnicity	ate Degree				
American Indian or A Native Hawaiian or O		☐ Black or Afr	ican American	Unknown	Hispani	c or Latino panic or Latino				
Live Births:	Number now living 1			Number now de		0				
Other Terminations:	Number of spontaneous termination	S		Number of indu	ced terminat	-				
Dates of terminations (De	o not include this termination. If more	than six (6), those	nost recent.)			•				
1	2 3		4	5	Complicati	on(s) of Pregnancy Termination				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survi	veu:		■ No	one	Uterine Perforation				
					emorrhage	Cervical Laceration				
Fetus viable?	If viable, medical reason for terr	nination:			fection	Retained Products				
☐ Yes ■ No										
Dath alogical avamination	If you recoulted			U O	ther (<i>Specif</i> y	·)				
Pathological examination performed?	If yes, results:									
☐ Yes ■ No				Did this ☐ Yes	termination No	of pregnancy result in a maternal death?				
		Type of Tern	nination Procedur	es ——						
Procedure that Terminate	ed Pregnancy	•		ocedure that Term	ninated Preg	nancy				
☐ Medical (Nonsurgical			1_							
☐ Medical (Nonsurgical	al) Misoprostol		☐ Medical	(Nonsurgical) Mi	surgical) Mifepristone surgical) Misoprostol surgical) Other (Specify)					
☐ Medical (Nonsurgical	ai) Other (<i>Specify</i>)		Medical	(Nonsurgical) Ot	ner (<i>Specify</i>)				
			<u> </u>							
Medical (Surgical)Medical (Surgical)	Suction Curettage Menstrual Aspiration		Medical	(Surgical) Suctio (Surgical) Menst	rual Aspirat	ion				
Medical (Surgical)	Other (Specify)		☐ Medical	(Surgical) Other	(Specify)					
For Medical (Surgical) pr	rocedures, answer the following questi	on.	For Medical (Surgical) procedu	ires, answer	the following question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20) weeks?		s viable or have a Yes □ No	a post fertiliz	zation age at least 20 weeks?				
	vas answered yes, complete the follow	ing questions			ewarad vae	complete the following questions.				
•		ing questions.		•	·					
Was the fetus given the Yes N	best opportunity to survive?			is given the best of Yes \text{No}	opportunity t	o survive?				
	determination that the pregnant woma					the pregnant woman had a condition				
that required the proced woman?	lure to avert death or serious impairme	ent to the pregnant	that required woman?	I the procedure to	avert death	or serious impairment to the pregnant				
Date last normal menses	began	Physician estima	ate of gestation (in	n weeks)	Post fertil	lization age of the fetus (in weeks)				
	10/17/2017		10			8				
How were the gestational ULTRASOUND	l age and post fertilization age determi	ned?								
Full name of physician po	_									
DR. CAROL DELLING		ot oity state and-	in code)							
	forming termination (number and street INDIANAPOLIS, IN 46225	zi, ciiy, siaie, and Z	τρ τομε)							
**Date Reported to Do	CS, if Patient under 14 (month, day	, year):								

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r	.									
21	rried Date of Yes No	pregnancy termin		Educat	tion		ege, No Degree			
Race American Indian or A Native Hawaiian or O		=		an American	Unknown Number now d		c or Latino Unknown			
Live Births:		2			- 10		0			
Other Terminations:	Number of spontaneous termina	ntions 0			Number of ind	uced terminat	tions 1			
Dates of terminations (Do	o not include this termination. If n 2 3		, those mo	ost recent.)	5		6			
Fetus delivered alive?	If yes, length of time fetus s	survived:				Complicati	ion(s) of Pregnancy Termination			
☐ Yes ■ No					■ 1	None	☐ Uterine Perforation			
					— п	Hemorrhage	Cervical Laceration			
Fetus viable?	If viable, medical reason for	r termination:				Č	_			
Yes No						nfection	Retained Products			
						Other (Specify	·)			
Pathological examination performed?	If yes, results:									
Yes No					Did this	s termination	of pregnancy result in a maternal death?			
					☐ Yes					
Г										
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
				_			·			
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica	al) Misoprostol			☐ Medical	(Nonsurgical) M (Nonsurgical) M	Iisoprostol				
☐ Medical (Nonsurgica	al) Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) S	Suction Curettage			☐ Medical	(Surgical) Sucti	on Curettage				
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical) Mens (Surgical) Other	strual Aspirati	ion			
	Julei (Specify)			Wiedicai	(Surgical) Onle	і (зресіју)				
				For Medical (Surgical) procedures, answer the following question.						
For Medical (Surgical) pr	ocedures, answer the following q	uestion.		For Medical (Surgical) proced	lures, answer	the following question.			
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at lea o	st 20 weeks?			us viable or have Yes 🔲 No	a post fertiliz	zation age at least 20 weeks?			
If the previous question w	vas answered yes, complete the fo	ollowing question	ıs.	If the previou	s question was a	nswered yes,	complete the following questions.			
Was the fetus given the Yes N	best opportunity to survive?				us given the best	opportunity t	to survive?			
What was the basis for	determination that the pregnant w	oman had a cond	lition	What was th	ne basis for deter	mination that	the pregnant woman had a condition			
that required the proced	ure to avert death or serious impa			that required			or serious impairment to the pregnant			
woman?				woman?						
Date last normal menses	=	Physician	n estimate	e of gestation (i	n weeks)	Post fertil	lization age of the fetus (in weeks)			
	09/16/2017 age and post fertilization age dete	ermined?		11			9			
ULTRASOUND	age and post returnzation age det	ermineu :								
<u> </u>										
Full name of physician pe										
Address of physician perf	Forming termination (number and	street, city, state	e, and zip	code)						
200 S. MERIDIAN ST, I	NDIANAPOLIS, IN 46225									
**Date Reported to DO	CS, if Patient under 14 (month,	day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Add PPIN-GEORGETOWN OR (PP	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION					
										<u> </u>	
Patient's age** 22	Aarried	Yes I No	Date of pregn	nancy termin		Educa	tion			th, No Diploma	
Race American Indian or Native Hawaiian or			☐ Asian ☐ White	■ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:	Num	ber now living	1	_				er now d		0	
Other Terminations:	Num	ber of spontaneou	s terminations	1			Numb	er of ind	uced termin	nations	
Dates of terminations (1	Do not ir		•	than six (6),	those mo	ost recent.)					
Fetus delivered alive?	^{2.}	f yes, length of ti	me fetus surviv	ved.		4		5	Complic	cation(s) of Pregnat	ncy Termination
Yes No		i yes, iengui oi ui	101000000000000000000000000000000000000	· cui				■ N	None	☐ Ute	rine Perforation
								П	Hemorrhag	e ∏ Cer	vical Laceration
Fetus viable? ☐ Yes ■ No		f viable, medical	reason for term	nination:					nfection		ained Products
									Other (Spec	_	
Pathological examination	on I	f yes, results:							(~ <i>p</i>	-357	
performed? ☐ Yes ■ No								Did this	termination	on of pregnancy re	sult in a maternal death?
								☐ Yes			suit in a maternal deaur:
				Туре	of Termin	nation Procedu	res				
Procedure that Termina	ited Preg	nancy				Additional P	rocedure	that Ter	minated Pr	regnancy	
Medical (NonsurgiMedical (Nonsurgi									Aifepriston Aisoprostol		
Medical (Nonsurgi									ther (Spec		
Medical (Surgical)									on Curetta		
☐ Medical (Surgical) ☐ Medical (Surgical)									strual Aspii r (<i>Specify</i>)	ration	
For Medical (Surgical)	procedu	res, answer the fol	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	uestion.
Was the fetus viable of		post fertilization	age at least 20	weeks?					a post fert	ilization age at lea	st 20 weeks?
☐ Yes ☐							Yes [_			
If the previous question				ing question	IS.	•	•		•	es, complete the fo	llowing questions.
Was the fetus given th ☐ Yes ☐		pportunity to surv	ive?				us giver Yes [opportunit	ty to survive?	
What was the basis fo											oman had a condition
that required the proce woman?	edure to	avert death or seri	ious impairmer	nt to the pre	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impa	irment to the pregnant
Date last normal mense	s began			Physician	n estimate	e of gestation (in weeks	s)	Post fe	rtilization age of th	ne fetus (in weeks)
How were the gestation	09/24/		n age determin	red?		9				7	
ULTRASOUND	iai age ai	ia post ierunzano	ii age deteriiiii	icu.							
Full name of physician DR. CAROL DELLING	-	ing termination									
Address of physician po		-		et, city, state	, and zip	code)					
200 S. MERIDIAN ST	, INDIA	NAPOLIS, IN 46	5225								
**Date Reported to I	DCS, if	Patient under 14	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	n, of pregna	•			County of pre	egnancy tern		
			<u> </u>		., ., JL				MARION	·
21	rried No	Date of pregnancy term 12/01/201		Educat	tion			ı, No Diplon	na	
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe	k or African .	American		known	Not Hi	ic or Latino spanic or Lati	ino [Unknown
Live Births:	Number now living	2			Numb	mber now deceased 0				
Other Terminations:	Number of spontaneou	is terminations			Numb	er of indu	uced termina	ntions 0		
Dates of terminations (Da										
I	1	3	4			5	Complica	tion(s) of Pre	gnancy Tern	
Fetus delivered alive? ☐ Yes ■ No	If yes, length of ti	me fetus survived:					•			
						• N			Uterine Perf	
Fetus viable?	If viable, medical	reason for termination:				∐ H	Hemorrhage		Cervical La	eration
☐ Yes ■ No				☐ Iı	nfection		Retained Pro	oducts		
	Other (Specij	ý)								
Pathological examination performed?	If yes, results:									
Yes No				Did this termination of pregnancy result in a maternal death?						
☐ Yes ■ No										
Type of Termination Procedures										
Procedure that Terminate	d Pregnancy		Α	dditional Pr	ocedure	that Ten	minated Pre	gnancy		
Medical (Nonsurgica	al) Mifepristone		[Medical	(Nonsui	rgical) M	lifepristone			
☐ Medical (Nonsurgica Medical (Nonsurgica				Medical Medical	(Nonsui (Nonsui	rgical) N rgical) O	Iisoprostol other (Specif	y)		
Medical (Surgical) S	Suction Curettage		_	7 Medical	(Surgica	al) Suction	on Curettage	<u> </u>		
	Menstrual Aspiration			Medical	(Surgica	al) Mens	strual Aspira (Specify)			
Wedicai (Surgicai)	Other (Specify)			Wiedicai	(Surgica	ai) Other	(зресіју)			
For Medical (Surgical) pr	rocedures, answer the fo	llowing question.	F	or Medical (Surgica	l) proced	ures, answe	the followin	g question.	
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks?			ıs viable es [a post fertil	ization age at	least 20 we	eks?
If the previous question v		lete the following question	ns. If	_		_	nswered yes	, complete the	e following	questions.
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?		Was the fett	ıs given ∕es □		opportunity	to survive?		
		regnant woman had a con-								d a condition
that required the proced woman?	ure to avert death or ser	ious impairment to the pro-	egnant	that required woman?	d the pro	ocedure to	o avert deatl	or serious in	npairment to	the pregnant
Date last normal menses	began	Physicia	n estimate of	f gestation (i	n weeks)	Post fert	ilization age	of the fetus (in weeks)
	09/11/2017	•		11			2 350 1010		9	
How were the gestational ULTRASOUND	age and post fertilization	n age determined?								
ULTRASOUND										
Full name of physician pe	Full name of physician performing termination									
DR. CAROL DELLING	-									
Address of physician peri	=		e, and zip co	de)						
200 S. MERIDIAN ST, I	INDIANAPULIS, IN 46)// J								
**Date Reported to Do	**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANAPOLI	S, IN, 46268 City of	or town, of pregnancy termination INDIANAPOLIS			y of pregnancy termination MARION				
Patient's age** Ma	Data of pro-	gnancy termination	Educa	tion						
26 Ma	urried Date of preg	12/01/2017	Educa		9th-12th, No	Diploma				
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	☐ Black or Afi	rican American	Unknown	Ethnicity Hispanic or I Not Hispanic					
Live Births:	Number now living			Number now de		0				
Other Terminations:	Number of spontaneous termination	ns)		Number of indu	ced terminations	0				
Dates of terminations (De	o not include this termination. If more	than six (6), those	most recent.)							
1	2 3	· 1	4	5	Complication(s)	of Pregnancy Termination				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus surv	ived:			-					
					one	Uterine Perforation				
Fetus viable?	If viable, medical reason for ter	mination:		— Н	emorrhage	Cervical Laceration				
☐ Yes ■ No			☐ In	fection	☐ Retained Products					
		ther (Specify)								
Pathological examination If yes, results:										
performed? ☐ Yes ■ No		Did this	termination of pro	egnancy result in a maternal death?						
		☐ Yes	■ No							
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurgical	al) Mifepristone		☐ Medical	(Nonsurgical) M	ifepristone					
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Interior (Nonsargical) order (specify)										
Medical (Surgical)Medical (Surgical)	Suction Curettage Menstrual Aspiration			(Surgical) Suction (Surgical) Menst						
☐ Medical (Surgical)	Other (Specify)			(Surgical) Other						
For Medical (Surgical) pr	rocedures, answer the following quest	ion.	For Medical ((Surgical) procedu	rgical) procedures, answer the following question.					
Was the fetus viable or	have a post fertilization age at least 2	0 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ■ N	lo		·	Yes No						
If the previous question v	vas answered yes, complete the follow	ving questions.	If the previou	s question was an	swered yes, comp	blete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best o	opportunity to sur	vive?				
				Yes No						
	determination that the pregnant woma lure to avert death or serious impairme					oregnant woman had a condition rious impairment to the pregnant				
woman?			woman?							
Date last normal menses	*	Physician estim	ate of gestation (i	n weeks)	Post fertilization	on age of the fetus (in weeks)				
	UNKNOWN age and post fertilization age determ	ined?	10			8				
ULTRASOUND	resultation ago determi									
Full name of physician po	=									
DR. CAROL DELLINGI	ER forming termination (number and stre	pet city state and	zin coda)							
	INDIANAPOLIS, IN 46225	ei, ciiy, siaie, ana z	μρ τομε)							
**Date Reported to Do	**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANA	APOLIS, IN, 46268	City or town, of pregna	ncy termination	County of pregnancy termination MARION					
28	f pregnancy termina 12/01/2017	Educa Educa	High S	School Diploma or GED					
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Mitter	=	or African American	Unknown •	nicity Hispanic or Latino Not Hispanic or Latino					
Live Births: Number now living	3		Number now deceas	ed O					
Other Terminations: Number of spontaneous termin	nations		Number of induced t	terminations 0					
Dates of terminations (Do not include this termination. If	more than six (6), th	hose most recent.)		•					
1 2 3.		4	5	6					
Fetus delivered alive? If yes, length of time fetus	survived:		Complication(s) of Pregnancy Termina						
			■ None	☐ Uterine Perforation					
Fetus viable? If viable, medical reason for		Hemor	rrhage						
Yes No	☐ Infecti	on Retained Products							
	Other	(Specify)							
Pathological examination If yes, results:									
performed?									
☐ Yes ■ No		Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No							
Type of Termination Procedures									
	1 ype of								
Procedure that Terminated Pregnancy		Additional P	ocedure that Terminat	ed Pregnancy					
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol			(Nonsurgical) Mifepr (Nonsurgical) Misopr						
Medical (Nonsurgical) Other (Specify)			(Nonsurgical) Other (
■ Medical (Surgical) Suction Curettage									
☐ Medical (Surgical) Menstrual Aspiration			(Surgical) Menstrual	Aspiration					
Medical (Surgical) Other (Specify)		Medical	(Surgical) Other (Spe	cify)					
For Medical (Surgical) procedures, answer the following of	question.	For Medical	(Surgical) procedures,	answer the following question.					
Was the fetus viable or have a post fertilization age at le	east 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes ■ No			Yes No						
If the previous question was answered yes, complete the f	following questions.	If the previou	is question was answer	red yes, complete the following questions.					
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the best oppo Yes No	rtunity to survive?					
What was the basis for determination that the pregnant v	woman had a condit	ion What was t	he basis for determinat	ion that the pregnant woman had a condition					
that required the procedure to avert death or serious imp		nant that require		rt death or serious impairment to the pregnant					
woman?		woman?							
L		1							
Date last normal menses began	Physician 6	estimate of gestation (in weeks)	ost fertilization age of the fetus (in weeks)					
08/30/2017 How were the gestational age and post fertilization age de	etermined?	13		11					
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and	d street, city, state, o	and zip code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						town, of pregna	ncy termination				
Patient's age** 30	Mar	ried Yes I No	Date of pregr	nancy termin		Educat	tion		2th, No Diploma		
Race American Indian Native Hawaiian			Asian White	☐ Black ☐ Other		an American	Unknown	■ Not	y anic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	6				Number now	deceased	0		
Other Terminations	s:	Number of spontaneou					Number of in	duced term			
Dates of terminations	s (Do	not include this termino 2 2015	ation. If more t				5.		6		
Fetus delivered alive	?	If yes, length of tir							cation(s) of Pregnar	acy Termination	
☐ Yes ■ N	No						■	None	☐ Uter	ine Perforation	
								Hemorrhag	ge 🔲 Cerv	vical Laceration	
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:			Ιп	☐ Infection ☐ Retained Products			
								Other (Spe	_		
Pathological examina	ation	If yes, results:						outer (spe	-9,57		
performed? Yes No Did this termination of pregnancy result in a maternal dea								ult in a maternal death?			
Yes ■ No								uit iii a maternai deaui :			
Type of Tarmination Dressedures											
Type of Termination Procedures											
Procedure that Termi	inated	Pregnancy				Additional Pr	ocedure that T	erminated P	regnancy		
Medical (NonsuMedical (Nonsu							(Nonsurgical)				
		Other (Specify)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgic							(Surgical) Suc				
☐ Medical (Surgic☐ Medical (Surgic		Ienstrual Aspiration other (Specify)					(Surgical) Me (Surgical) Oth				
For Medical (Surgica	al) pro	ocedures, answer the fol	lowing questic	on.		For Medical (Surgical) proc	edures, ansv	ver the following qu	estion.	
Was the fetus viabl	e or h	ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?					
☐ Yes ☐] No)				_ Y	Yes No	·			
If the previous questi	ion w	as answered yes, compl	ete the followi	ng question	S.	If the previou	s question was	answered y	res, complete the fol	lowing questions.	
	the l	pest opportunity to surv	ive?				us given the be Yes \text{No}	st opportuni	ty to survive?		
What was the basis	for d	etermination that the pr	egnant woman	n had a cond	ition	What was th	ne basis for det	ermination t	that the pregnant wo	oman had a condition	
that required the pr woman?	ocedu	re to avert death or seri	ous impairmer	nt to the pre	gnant	that required woman?	d the procedure	to avert de	ath or serious impai	rment to the pregnant	
Date last normal mer	nses b	egan		Physician	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of th	e fetus (in weeks)	
How were the cost-1		NKNOWN age and post fertilizatio	n aga datama'-	ned?		9			7		
ULTRASOUND	wiidl	ago anu post tertifizatio	n age ueteriiin	icu:							
Full name of physicis											
Address of physician	perfo	orming termination (nur		t, city, state,	, and zip	code)					
200 S. MERIDIAN S	ST, II	IDIANAPOLIS, IN 46	225								
**Date Reported to DCS, if Patient under 14 (month, day, year):											

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East railed to the title report on time as required to a class B misacine and per 10 10 04 2 0(b).												
Facility Name and Add PPIN-GEORGETOWN OR (PP	aress PGI) - 8	590 GEORGETOWN ROAD), INDIANAPOLIS, II	N, 46268	City or	town, of pregna	ncy terr			County of pregnancy termination MARION		
Patient's age** 27	Marrie [ed Yes No	Date of pregna	ncy termin 2/01/2017		Educa	ition		Mas	ster's Degree		
Race American Indian of Native Hawaiian of	r Othe		Asian White	☐ Black		an American		known ber now d	■ Not I	y anic or Latino Hispanic or Latino Unknown		
Live Births:	N	umber of spontaneou	c terminations				Numb	er of ind	uced termi	nations		
Other Terminations: Dates of terminations (•	0	an six (6)	those m	ant magaint)	- turne			1		
I. UNKNOWN	(<i>Do no</i>	2	3	un six (0),	mose m	4		5		6	-	
Fetus delivered alive? Yes No		If yes, length of tir	me fetus survive	d:				Complication(s) of Pregnancy Termination None Uterine Perforation				
Fetus viable?		If viable, medical	reason for termin	nation:				☐ F	Hemorrhag	e Cervical Laceration		
☐ Yes ■ No	O							☐ I	nfection	☐ Retained Products		
Other (Specify)												
Pathological examination If yes, results:												
performed? Did this termination of pregnancy result in a maternal of Yes No										ath?		
Type of Termination Procedures												
Procedure that Termin	ated E	regnancy		JF- \		Additional P		e that Tor	minated D	regnancy		
Medical (Nonsurg	gical)	Misoprostol										
☐ Medical (Nonsurg	gical)	Other (Specify)				Medical	(Nonsu	rgical) C	Other (Spec	rify)		
Medical (Surgical Medical (Surgical Medical (Surgical	l) Me	nstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curetta strual Aspi r (Specify)	ration		
For Medical (Surgical)) proc	edures, answer the fol	lowing question	1.		For Medical	(Surgica	al) proced	lures, answ	ver the following question.		
Was the fetus viable ☐ Yes ■		ve a post fertilization	age at least 20 w	veeks?			us viabl Yes [_	a post fer	tilization age at least 20 weeks?		
If the previous question	n was	answered yes, compl	ete the following	g question	ıs.	If the previou	ıs questi	ion was a	nswered y	es, complete the following questions.		
Was the fetus given t ☐ Yes ☐		st opportunity to surv	ive?				us giver Yes [opportuni	ty to survive?		
What was the basis for										hat the pregnant woman had a conditio		
that required the proc woman?	cedure	to avert death or seri	ous impairment	to the pre	gnant	that require woman?	d the pr	ocedure t	o avert dea	ath or serious impairment to the pregna	at	
Date last normal mens	es bes	an		Physician	n estimat	e of gestation (in weeks	5)	Post fe	ertilization age of the fetus (in weeks)		
	-	05/2017		<i></i>		9		, 		7		
How were the gestation	nal ag	e and post fertilizatio	n age determine	d?								
				_			_		_			
Full name of physician DR. CAROL DELLIN	IGER	-										
Address of physician p 200 S. MERIDIAN ST		=		city, state,	, and zip	code)						
**Date Reported to	DCS	, if Patient under 14	1 (month, day, ye	ear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City			City or t	or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
D /		D. C.		T = -	,·					
30	arried Yes No	Date of pregnancy term 12/01/201		Educa			ege, No Degree			
Race American Indian or A Native Hawaiian or C	· · · · · · · · · · · · · · · · · · ·	Asian Blac White Othe		an American	Unknown Number now de		c or Latino Unknown			
Live Births:	8	1					0			
Other Terminations:	Number of spontaneou	1			Number of indu	iced terminat	tions 2			
Dates of terminations (Do	o not include this termino	ution. If more than six (6)), those me	ost recent.) 4	5		6			
Fetus delivered alive?	If yes, length of tir	me fetus survived:				Complicati	ion(s) of Pregnancy Termination			
☐ Yes ■ No					■ N	lone	☐ Uterine Perforation			
7	70			— П	Iemorrhage	☐ Cervical Laceration				
Fetus viable? Yes No	If viable, medical	reason for termination:				nfection	Retained Products			
			Other (Specify	.)						
Pathological examination	n If yes, results:					инет (зресіду	()			
performed?	i yes, resuits.									
☐ Yes ■ No						Did this termination of pregnancy result in a maternal death? Yes No				
					103					
Type of Termination Procedures										
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure that Terr	minated Preg	nancy			
							nancy			
Medical (Nonsurgical Medical (Nonsurgical Nonsurgical)	al) Misoprostol			Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol						
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)										
Medical (Surgical)					(Surgical) Suction					
Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Mens (Surgical) Other		10 n			
For Medical (Surgical) pr	rocedures, answer the fol	lowing question.		For Medical (Surgical) proced	ures, answer	the following question.			
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous question v		ete the following question	ons.		_	nswered yes,	complete the following questions.			
	best opportunity to surv	ive?			us given the best	opportunity t	to survive?			
Yes N	lo				Yes No					
	determination that the pr lure to avert death or seri						t the pregnant woman had a condition or serious impairment to the pregnant			
woman?			C	woman?	•					
				<u> </u>						
Date last normal menses	began 09/27/2017	Physicia	an estimate	e of gestation (i	n weeks)	Post fertil	lization age of the fetus (in weeks) 7			
How were the gestational		n age determined?		<u>-</u>		1				
ULTRASOUND										
Full name of physician po	erforming termination									
DR. CAROL DELLING Address of physician per	ER	nhar and streat site state	to and si-	code)						
200 S. MERIDIAN ST,	-		іе, ина дір	coue)						
**Date Reported to Do	CS, if Patient under 14	1 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Addre PPIN-GEORGETOWN OR (PPGI	SS) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 4626	City or t	town, of pregna	cy termination					
			1				1			
Patient's age** Ma	nrried Yes No	Date of pregnancy to 12/01/		Educat	tion		ollege, No Degree			
Race American Indian or A Native Hawaiian or C		= =	lack or Afric	an American	Unknow		y vanic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	1			Number no	w deceased	0			
Other Terminations:	Number of spontaneou	s terminations			Number of	induced term	inations 0			
Dates of terminations (De	l o not include this termin	ation. If more than six	(6), those me	ost recent.)						
1	1	3		4		5	6			
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
					▣	None	☐ Uterir	ne Perforation		
Fetus viable?	If viable, medical	reason for termination	ı•] Hemorrhag	ge 🗌 Cervi	cal Laceration		
☐ Yes ■ No			•] Infection	☐ Retain	ned Products		
					Other (Specify)					
Pathological examination										
performed?	Formed? ☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death?									
☐ Yes 🖪 No			this terminati Yes 🔳 N		It in a maternal death?					
	·									
Type of Termination Procedures										
Procedure that Terminate	ad Pragnancy	•		Additional Pr		Tarminated D	ragnancy			
☐ Medical (Nonsurgical Medical Medic) Mifepristor) Misoprosto				
☐ Medical (Nonsurgical	al) Other (Specify)			☐ Medical	(Nonsurgical	Other (Spec	cify)			
Medical (Surgical)	Suction Curettage					uction Curetta				
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)					lenstrual Aspi ther (<i>Specify</i>)				
	outer (Speedy)				(Surgicul)	and (speedy)				
								_		
For Medical (Surgical) pr	rocedures, answer the fo	llowing question.		For Medical (Surgical) pro	cedures, ansv	ver the following que	stion.		
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks	•	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
			··				1			
If the previous question v	was answered yes, compl	lete the following que	stions.	If the previou	s question wa	is answered y	res, complete the follo	wing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the baller		ty to survive?			
What was the basis for	determination that the pr	ragnant woman had a	condition	What was th	a basis for d	atarmination t	that the pregnant won	an had a condition		
that required the proced	lure to avert death or seri			that required			ath or serious impairr			
woman?				woman?						
Date last normal menses	•	Phys	ician estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestational	09/19/2017 Lage and post fertilization	n age determined?		10			8			
ULTRASOUND	age and post fortinzation	ago determined:								
Full name of physician p	-									
DR. CAROL DELLING		ush an and store to the		0040						
Address of physician per 200 S. MERIDIAN ST, I	-		siate, and zip	coae)						
**Date Reported to Do	CS, if Patient under 1	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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		· .			·						
Facility Name and A PPIN-GEORGETOWN OR (S 8590 GEORGETOWN ROAD	, INDIANAPOLIS, I	City (or town, of pregn	ancy termination		County of pregnancy termination MARION			
Patient's ago**		. ,	Data of proces	ancy termination	T.4	ation					
Patient's age** 22	Mar	ried Yes No		ancy termination 2/01/2017	Educ	аиОП		lege, No Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black or Af	rican American	☐ Unknown		nic or Latino			
Live Births:		Number now living				Number now o		0			
Other Terminations	s:	Number of spontaneou				Number of inc	luced termina	ations			
Dates of terminations		not include this termina						2			
ı. 2016					4	5	Commisso	tion(s) of Pregnancy Termination			
Fetus delivered alive		If yes, length of tir	ne fetus survive	ed:			•	_			
							None	Uterine Perforation			
Fetus viable?		If viable, medical i	eason for termi	nation:			Hemorrhage	☐ Cervical Laceration			
☐ Yes ■ N	No						Infection	☐ Retained Products			
					Other (Specij	fy)					
Pathological examina	ation	If yes, results:									
performed?	No					Did thi	Did this termination of pregnancy result in a maternal death?				
							s 🔳 No				
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsu	rgical) Mifepristone			☐ Medica	l (Nonsurgical) 1	Mifenristone				
Medical (Nonsu	rgical) Misoprostol			☐ Medica	☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)											
☐ Medical (Surgic		action Curettage Ienstrual Aspiration			☐ Medica	l (Surgical) Suct l (Surgical) Men	ion Curettage	e ution			
Medical (Surgic						l (Surgical) Othe		uton			
For Medical (Surgica	ıl) pro	cedures, answer the fol	lowing question	n.	For Medical	(Surgical) proce	dures, answe	r the following question.			
Was the fetus viabl ☐ Yes ☐		ave a post fertilization a	age at least 20 v	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
	_	as answered yes, comple	ete the followin	g questions.		_	answered yes	s, complete the following questions.			
_ ~ _	_	pest opportunity to survi	ive?			tus given the bes	t opportunity	to survive?			
☐ Yes ☐						Yes No					
		etermination that the pro re to avert death or seri						at the pregnant woman had a condition h or serious impairment to the pregnant			
woman?			ī	1 0	woman?	1		1 1 0			
Date last normal men		•		Physician estin	nate of gestation	(in weeks)	Post fert	tilization age of the fetus (in weeks)			
How were the gestati		0/06/2017 age and post fertilization	n age determine	ed?	7			5			
ULTRASOUND			C								
Full name of physicia DR. CAROL DELLI											
Address of physician	perfo	orming termination (num		city, state, and	zip code)						
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 46	225								
**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						r town, of pregnancy termination County of pregnancy termi INDIANAPOLIS MARION					
Patient's age** 32	Mai	ried Yes No	Date of pregr	nancy termi 12/01/201		Educa	tion		ster's Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	4				Number now	leceased	0			
Other Termination		Number of spontaneou	8				Number of inc	luced termi				
Dates of termination 1. UNKNOWN	ıs (Do	not include this termino 2. UNKNOWN	ution. If more t	. , , ,	*	ost recent.) _{4.} UNKNOWN	,					
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ved:				Compli	cation(s) of Pregnan	cy Termination		
	110						■	None	☐ Uter	ine Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				Hemorrhage Cervical Laceration				
☐ Yes ■	No	,,						☐ Infection ☐ Retained Products				
								Other (Spec	cify)			
Pathological examin	ation	If yes, results:										
performed?							Did th	is termination	on of pregnancy res	ult in a maternal death?		
165 🖹 140								es 🔳 N		an in a maternar death.		
Type of Termination Procedures												
Procedure that Term	inate	l Pregnancy				Additional Pr	ocedure that Te	rminated Pr	regnancy			
Medical (Nonsu												
Medical (Nonsu Medical (Nonsu		l) Misoprostol l) Other (Specify)										
	U	, , , , , , , , , , , , , , , , , , , ,				_		. 1				
Madianl/Sumi	1\ C						(C:1) C	: C				
☐ Medical (Surgio	cal) N	uction Curettage Ienstrual Aspiration				☐ Medical	(Surgical) Suct (Surgical) Men	strual Aspi	ration			
Medical (Surgio	cal) (Other (Specify)				☐ Medical	(Surgical) Othe	er (Specify)				
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing question	on.		For Medical ((Surgical) proce	dures, answ	ver the following qu	estion.		
Was the fetus viab		nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questior	ns.	If the previou	s question was	answered ye	es, complete the fol	lowing questions.		
	n the	best opportunity to surv	ive?				us given the bes	t opportuni	ty to survive?			
		etermination that the pr	egnant woman	n had a cond	dition	_	_	rmination f	hat the pregnant wo	man had a condition		
		are to avert death or seri								rment to the pregnant		
woman:						woman:						
Data last 1	ncs: 1	aggen .		Dh	n ooti	of cont-ti	in masks)	D C	nutilization Cd	o fotus (in the land		
Date last normal me		oegan 1 0/11/2017		Pnysiciai	n estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the 5	e ietus (<i>in weeks)</i>		
_	ional	age and post fertilizatio	n age determin	ned?				1				
ULTRASOUND												
Full name of physici	ion ==	rforming tamination										
DR. CAROL DELL												
	-	orming termination (nur		t, city, state	e, and zip	code)						
ZUU S. WEKIDIAN	ا, اا	NDIANAPOLIS, IN 46										
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268				ity or t	or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION				
Г ·												
24	Marri	ied Yes I No		nancy terminat 12/01/2017	tion	Educat	tion		ster's Degree			
Race American Indian of Native Hawaiian of	r Oth	er Pacific Islander	Asian White	☐ Black or ☐ Other	r Africa	an American	Unknown	■ Not l	y anic or Latino Hispanic or Latino			
Live Births:		Number now living	0				Number now	deceased	0			
Other Terminations:	I	Number of spontaneous	terminations				Number of inc	luced termi	nations 0			
Dates of terminations	(Do n	ot include this termina	ion. If more t	han six (6), th	ose mo	ost recent.)						
1		2	3			4	5		6			
Fetus delivered alive? Yes No		If yes, length of tim	e fetus surviv	red:				Compli	cation(s) of Pregnancy Termination			
	O							None	Uterine Perforation			
Fetus viable?		If viable, medical re	ason for term	ination:			─ □	Hemorrhag	ge Cervical Laceration			
Yes No	0	ii viable, medicai ie	ason for term	mation.				Infection	☐ Retained Products			
							Ιп	Other (Spe	cify)			
Pathological examinat	ion	If yes, results:						()	- 337			
performed?		, , , , , , , , , , , , , , , , , , , ,										
☐ Yes ■ No								Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No				
, = =												
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Procedure that Termin	ated	Pregnancy				Additional Pr	ocedure that Te	rminated P	regnancy			
Medical (Nonsurg							(Nonsurgical) I (Nonsurgical) I					
Medical (Nonsurg							(Nonsurgical)					
Medical (Surgical)	■ Medical (Surgical) Suction Curettage											
☐ Medical (Surgical	1) Me	enstrual Aspiration				Medical	(Surgical) Men	strual Aspi	ration			
Medical (Surgical	1) Ot	her (Specify)				Medical	(Surgical) Othe	er (Specify)				
For Medical (Surgical)) proc	cedures, answer the follo	owing question	on.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable ☐ Yes ■		ve a post fertilization a	ge at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
		s answered yes, comple	te the following	na questions		_	_	newarad v	es, complete the following questions.			
				ng questions.		-	-	·				
Was the fetus given t		est opportunity to surviv	/e?				us given the bes Yes No	t opportuni	ty to survive?			
		termination that the pre							hat the pregnant woman had a condition			
that required the proc woman?	cedur	e to avert death or serio	us impairmer	nt to the pregn	ant	that required woman?	d the procedure	to avert dea	ath or serious impairment to the pregnant			
woman.						woman:						
Date last normal mens		gan 9/04/2017		Physician e	stimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 11			
How were the gestatio		ge and post fertilization	age determin	led?								
ULTRASOUND												
Full name of physician DR. CAROL DELLIN	IGEF	₹										
		rming termination (num		t, city, state, a	ınd zip	code)						
200 S. WERIDIAN S	ı , ıN	DIANAPULIS, IN 402	<u>. </u>									
**Date Reported to	**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr PPIN-GEORGETOWN OR (PPG	ess ii) - 8590 GEORGETOWN ROA	LD, INDIANAPOLIS, IN, 462	City or	town, of pregna	cy termination					
					'					
26	arried Yes No	Date of pregnancy t		Educa		_	ol Diploma or GEI	D		
Race American Indian or A Native Hawaiian or C			Black or Afric Other	can American	Unknown		nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	0			Number now d	leceased	1			
Other Terminations:	Number of spontaneo	us terminations 0			Number of ind	Jumber of induced terminations				
Dates of terminations (D	o not include this termin	nation. If more than si	x (6), those m	nost recent.)						
I		3		4	5	Complie	ation(s) of Pregnanc	y Termination		
Fetus delivered alive? Yes No	If yes, length of the	ime fetus survived:				•	_			
							_	ne Perforation		
Fetus viable?	If viable, medical	reason for termination	n:			Hemorrhage	_	cal Laceration		
☐ Yes ■ No						Infection	☐ Retair	ned Products		
			ify)							
Pathological examination performed?										
Yes No							It in a maternal death?			
☐ Yes ■ No										
Type of Termination Procedures										
		1	ype of Termi							
Procedure that Terminat	ed Pregnancy			Additional Pr	ocedure that Ter	minated Pr	egnancy			
☐ Medical (Nonsurgio					(Nonsurgical) N (Nonsurgical) N					
Medical (Nonsurgio					(Nonsurgical) (
Medical (Surgical)					(Surgical) Sucti					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Mens (Surgical) Othe		ration			
For Medical (Surgical) p	procedures answer the fo	allowing question		For Medical ((Surgical) proced	lures answ	er the following que	stion		
			9	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
was the fetus viable of Yes Yes	r have a post fertilization No	age at least 20 weeks	?		us viable of have Yes \[\] No	e a post tert	ilization age at least	20 weeks?		
If the previous question	was answered yes, comp	olete the following que	estions.	If the previou	s question was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given the	e best opportunity to surv	vive?		Was the fett	us given the best	opportunit	y to survive?			
☐ Yes ☐ N					Yes No	**	•			
	determination that the p						nat the pregnant won th or serious impair			
woman?	dure to avert death of ser	nous impairment to th	e pregnant	woman?	u tile procedure t	io aveit dea	ur or serious impairi	ment to the pregnant		
Date last normal menses	began	Phys	sician estimat	te of gestation (i	in weeks)	Post fer	rtilization age of the	fetus (in weeks)		
How ware the ac-t-ti-	10/23/2017	on aga datamair - 10		11			9			
How were the gestationa ULTRASOUND	n age and post tertitizatio	on age determined?								
Full name of physician p	-									
Address of physician per		umber and street, city,	state, and zip	code)						
200 S. MERIDIAN ST,	INDIANAPOLIS, IN 4	6225								
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year):								

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City or to				own, of pregna	ncy terminat	tion	County of pregnancy termination MARION			
D (* 12 steats		D. C.	• ,•	T = -						
25	arried Yes I No	Date of pregnancy terms 12/01/201		Educat	ion .		ollege, No Degree			
Race American Indian or A Native Hawaiian or O	Other Pacific Islander	Asian Black White Other		n American	Unknov	wn 🔳 Not I	/ anic or Latino Hispanic or Latino ☐ Unknown			
Live Births:	Number now living	1			Number no	ow deceased	0			
Other Terminations:	Number of spontaneous				Number of	Number of induced terminations				
Dates of terminations (<i>De</i> 01/14/2017	o not include this terminat	tion. If more than six (6)), those mo	st recent.)			1			
Fetus delivered alive?	If yes, length of tim	e fetus survived:	4	·		Complic	cation(s) of Pregnancy Termination			
Yes No	in yes, rengul or time	o recus sur viveu.				None	☐ Uterine Perforation			
				_						
Fetus viable?	If viable, medical re	eason for termination:				☐ Hemorrhag				
☐ Yes ■ No						Infection	☐ Retained Products			
				Other (Spec	cify)					
Pathological examination performed? If yes, results:										
Yes No				on of pregnancy result in a maternal death?						
☐ Yes ■ No										
Type of Termination Procedures										
Type of Termination Procedures										
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure that	t Terminated Pr	regnancy			
Medical (Nonsurgical Medical (Nonsurgical						nl) Mifepriston				
Medical (Nonsurgical Medical (Nonsurgical Nonsurgical Nons				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
☐ Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical) N	Menstrual Aspi				
Medical (Surgical)	Other (Specify)				(Surgical) (Other (Specify)				
For Medical (Surgical) pr	rocedures, answer the follo	owing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or Yes N	have a post fertilization a	ge at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous question v	was answered yes, comple	te the following question	ns.	If the previou	s question w	vas answered ye	es, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surviv Io	ve?			is given the	best opportunit	ty to survive?			
	determination that the pre	onant woman had a con-	dition	_	_		hat the pregnant woman had a condition			
that required the proced	dure to avert death or serio			that required			ath or serious impairment to the pregnant			
woman?				woman?						
Date last normal menses	hegan	Dhysic'-	ın estimat-	of gestation (i	n weeks)	Deat f-	ertilization age of the fetus (in weeks)			
	09/20/2017	riiysicia	ui estiiliate	9	n weeks)	Fost le	7			
_	l age and post fertilization	age determined?				ı				
ULTRASOUND										
Full name of physician po	erforming termination									
DR. CAROL DELLING	ER			_						
Address of physician per 200 S. MERIDIAN ST, I	forming termination (num		e, and zip	code)						
200 O. WILKIDIAN GI, I	III 402									
**Date Reported to Do	**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
<u> </u>						3 				<u></u>			
Patient's age** 25	Married	Yes • No	Date of pregn	nancy termin 12/01/2017		Educa	tion			llege, No Degre	е		
Race American Indian or Native Hawaiian or			☐ Asian ■ White	☐ Black		an American	☐ Un	known		nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Nun	nber now living	1				Numb	er now d		0			
Other Terminations:	Nun	nber of spontaneou	s terminations				Numb	per of ind	uced termir				
Dates of terminations (I	Do not i		ation. If more to	han six (6),	those mo	ost recent.)		5		6			
Fetus delivered alive?		If yes, length of tir		red:					Complic	ation(s) of Pregnar	ncy Termination		
☐ Yes ■ No						■ None ☐ Uterine Perforation							
						☐ Hemorrhage ☐ Cervical Laceration							
Fetus viable? ☐ Yes ■ No		If viable, medical	reason for term	nination:		☐ Infection ☐ Retained Products							
						Other (Spec	_						
Pathological examination	on	If yes, results:							эшег (ърес	ijy)			
performed?		n yes, resums.											
☐ Yes ■ No	'							Did this			ult in a maternal death?		
	•												
				Туре	of Termii	nation Procedu	res						
Procedure that Termina	ited Pres	gnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy			
☐ Medical (Nonsurgi		•				_			lifepristone				
☐ Medical (Nonsurgi	ical) M	isoprostol					(Nonsu	rgical) M	1isoprostol				
☐ Medical (Nonsurgi	ical) Ot	ther (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	fy)			
Medical (Surgical)Medical (Surgical)									on Curettag strual Aspir				
Medical (Surgical)									r (Specify)	ution			
For Medical (Surgical)	procedu	ures, answer the fol	lowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.		
Was the fetus viable of	or have a	a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at leas	st 20 weeks?		
☐ Yes ■	No						Yes [No		-			
If the previous question	was an	iswered yes, compl	ete the following	ng question	ıs.	If the previou	ıs questi	ion was a	nswered ye	es, complete the fol	lowing questions.		
Was the fetus given the		opportunity to surv	ive?				us giver Yes [opportunit	y to survive?			
What was the basis fo											oman had a condition		
that required the proce woman?	edure to	avert death or seri	ous impairmer	nt to the pre	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impai	rment to the pregnant		
Date last normal mense	s began	<u> </u>		Physician	n estimate	e of gestation (in weeks	5)	Post fer	rtilization age of th	e fetus (in weeks)		
	UNK	NOWN		_		13		•		11	·		
How were the gestation ULTRASOUND	al age a	and post fertilizatio	n age determin	ied?									
Full name of physician DR. CAROL DELLING	-	ning termination											
Address of physician pe		ng termination (nur	nber and stree	t, city, state	, and zip	code)							
200 S. MERIDIAN ST		-											
**Date Reported to I	DCS, if	f Patient under 14	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAL), INDIANAPOLIS, IN, 46268	City or	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARIO				
			1	INDIAN	-AI UL			MANION
Patient's age** 29	arried	Date of pregnancy term		Educa	tion	s	ome Coll	ege, No Degree
Race American Indian or A Native Hawaiian or O		☐ Asian ☐ Blac ■ White ☐ Othe		an American	☐ Uni			ic or Latino spanic or Latino ☐ Unknown
Live Births:	Number now living	4			Numb	er now dec	ceased	0
Other Terminations:	Number of spontaneou	s terminations 0			Numb	er of induc	ed termina	-
Dates of terminations (Do		ation. If more than six (6	**	,		5		6
Fetus delivered alive? ☐ Yes ■ No	If yes, length of tin					■ No	•	tion(s) of Pregnancy Termination Uterine Perforation
Fetus viable? Yes No	If viable, medical	reason for termination:				☐ Inf	emorrhage fection her (Specif	☐ Cervical Laceration ☐ Retained Products
Pathological examination performed?	If yes, results:					Did this t	ermination	of pregnancy result in a maternal deat
						Yes	■ No	
		Турс	e of Termi	nation Procedu	res			
Procedure that Terminate	d Pregnancy			Additional Pr	ocedure	that Term	inated Preg	gnancy
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	al) Misoprostol			☐ Medical	(Nonsu	rgical) Mirgical) Mirgical) Oth	soprostol	y)
Medical (Surgical) S Medical (Surgical) I Medical (Surgical) O	Menstrual Aspiration				(Surgical	al) Suction al) Menstr al) Other (ual Aspira	
For Medical (Surgical) pr	rocedures, answer the fol	lowing question.		For Medical (Surgica	ıl) procedu	res, answer	the following question.
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks?			us viable Yes [post fertil	ization age at least 20 weeks?
If the previous question v	vas answered yes, compl	ete the following question	ons.	If the previou	s questi	on was ans	swered yes	, complete the following questions.
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?		Was the fet	us given Yes 🔲		pportunity	to survive?
	determination that the pr lure to avert death or seri							at the pregnant woman had a condition or serious impairment to the pregnant
Date last normal menses	began 09/08/2017	Physici	an estimat	e of gestation (i	n weeks	;)	Post fert	ilization age of the fetus (in weeks)
How were the gestational	age and post fertilizatio	n age determined?						
ULTRASOUND								
Full name of physician po	-							
Address of physician perf 200 S. MERIDIAN ST, I	=		te, and zip	code)				
**Date Reported to D	CS, if Patient under 14	4 (month, day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Addre	SSS) - 8590 GEORGETOWN ROAD, INDIANAPO	OLIS, IN, 46268	or town, of pregna	ncy termination	County of pregnancy termination MARION				
	arrea .	regnancy termination	n Educat		toch clayla Dawys				
Race ☐ American Indian or A ☐ Native Hawaiian or O		12/01/2017 Black or Af Other	frican American	Ethi	Bachelor's Degree hicity Hispanic or Latino Not Hispanic or Latino Unknown				
Live Births:		0			0				
Other Terminations:	Number of spontaneous terminati	0		Number of induced t	erminations 0				
Dates of terminations (Do	o not include this termination. If mo	ore than six (6), those	e most recent.)	_					
Fetus delivered alive? Yes No	If yes, length of time fetus su	ırvived:	4	Con None	mplication(s) of Pregnancy Termination Uterine Perforation				
Fetus viable? Yes No	If viable, medical reason for	termination:		— ☐ Hemon ☐ Infecti ☐ Other (_				
Pathological examination performed? Yes No	Pathological examination lif yes, results:								
		Type of Ter	mination Procedur	res					
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Terminat	ed Pregnancy				
Medical (Nonsurgical Medical Medical Medical (Nonsurgical Medical Med	al) Misoprostol		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			(Surgical) Suction Cu (Surgical) Menstrual (Surgical) Other (Spe	Aspiration				
For Medical (Surgical) pr	rocedures, answer the following que	estion.	For Medical (Surgical) procedures.	answer the following question.				
	have a post fertilization age at leas		Was the fett		t fertilization age at least 20 weeks?				
	was answered yes, complete the foll	lowing questions.	_	_	ed yes, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best oppor	rtunity to survive?				
	determination that the pregnant wo lure to avert death or serious impair				ion that the pregnant woman had a condition t death or serious impairment to the pregnant				
Date last normal menses	began	Physician estin	nate of gestation (i	n weeks) Po	ost fertilization age of the fetus (in weeks)				
	10/06/2017		7		5				
How were the gestational ULTRASOUND	l age and post fertilization age deter	rmined?							
Full name of physician po	_								
Address of physician perf	forming termination (number and s INDIANAPOLIS, IN 46225	treet, city, state, and	zip code)						
**Date Reported to DO	CS, if Patient under 14 (month, a	day, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION	
						T _			
Patient's age** 43	Mar	ried Yes No	Date of pregn	ancy terminati 12/01/2017	ion	Educat	tion		ociate Degree
Race American Indian of Native Hawaiian of	or Otl	ner Pacific Islander	Asian White	☐ Black or ☐ Other	Afric	an American	Unknown	■ Not l	y anic or Latino Hispanic or Latino
Live Births:		Number now living	4				Number now o		0
Other Terminations	::	Number of spontaneous	s terminations 1				Number of ind	uced termi	nations 0
Dates of terminations	s (Do	not include this termina	tion. If more th	han six (6), the	ose m	ost recent.)	5		6
Fetus delivered alive		If yes, length of tim	ne fetus surviv	ed:				Compli	cation(s) of Pregnancy Termination
Yes N	Ю							None	☐ Uterine Perforation
								Hemorrhag	ge Cervical Laceration
Fetus viable? Yes N	Jo	If viable, medical r	eason for term	ination:				Infection	☐ Retained Products
	10								
Dath alogical avamina	tion	If you mosulte.					' ' '	Other (Spec	ctfy)
Pathological examina performed?	uion	If yes, results:							
☐ Yes ■ N	No								on of pregnancy result in a maternal death?
☐ Yes ■ No									
				Type of T	Termi	nation Procedur	res		
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure that Ter	minated P	regnancy
						_			
Medical (Nonsur Medical (Nonsur							(Nonsurgical) Nonsurgical) N		
Medical (Nonsur	rgical	Other (Specify)				☐ Medical	(Nonsurgical) (Other (Spec	eify)
Medical (Surgical)							(Surgical) Suct		
☐ Medical (Surgica ☐ Medical (Surgica		lenstrual Aspiration ther (Specify)					(Surgical) Men (Surgical) Othe		
							, ,	. 1	
For Medical (Surgica	ıl) pro	cedures, answer the foll	lowing questio	on.		For Medical (Surgical) proceed	dures, answ	ver the following question.
		ave a post fertilization a	ige at least 20	weeks?				e a post fer	tilization age at least 20 weeks?
☐ Yes ■	_	as answered yes, comple	ete the following	ng questions			Yes ☐ No	inswered v	es, complete the following questions.
		est opportunity to survi		ng questions.			us given the best	•	
☐ Yes ☐		-					res 🗌 No	-	
		etermination that the pre							that the pregnant woman had a condition ath or serious impairment to the pregnant
woman?	occau	to avert deals of serie	ous impuninen	it to the pregnt		woman?	a the procedure	io uvert dei	and of serious impairment to the pregnant
						<u> </u>			
Date last normal men		egan 9/10/2017		Physician es	stimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 6
How were the gestation		age and post fertilization	n age determin	ed?					•
ULTRASOUND									
Γ									
Full name of physicia DR. CAROL DELLII	NGE	R							
	-	rming termination (nun		t, city, state, ar	nd zip	code)			
		,							
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Each failure to file this f	· · · · · ·	eu is a Class i	o misuen						Ct	-£	4	
Facility Name and Addre PPIN-GEORGETOWN OR (PPG	CSS I) - 8590 GEORGETOWN ROAL	O, INDIANAPOLIS, I	N, 46268	City or	town, of pregna	•			County	of pregnand MA	RION	IOII
30	arried Yes No	Date of pregna	ncy termi 2/01/201		Educa	tion				o Degree		
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian White	☐ Black		an American		nknown	■ Not l	y anic or La Hispanic o		☐ Un	known
Live Births:	Number now living	1					ber now d		0			
Other Terminations:	Number of spontaneou	0				Numl	ber of ind	uced termi	nations 0			
Dates of terminations (D	Oo not include this termino	ation. If more th	an six (6)	, those m	ost recent.)		5.			6.		
Fetus delivered alive?	If yes, length of tin	ne fetus survive	ed:					Compli	cation(s) o	f Pregnanc	y Terminat	ion
☐ Yes ■ No							■ N	None		☐ Uterin	e Perforati	on
7	70						F	Hemorrhag	;e	☐ Cervi	al Lacerati	on
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for termi	nation:					nfection		☐ Retain	ed Product	s
☐ Other (Specify)												
Pathological examination If yes, results:												
performed? ☐ Yes ■ No							Did this	s terminati	on of preg	nancy resul	It in a mate	rnal death?
							☐ Yes					
			Type	of Termi	nation Procedur	·es						
Procedure that Terminate	ed Pregnancy		1 ype	J. 1011111	Additional Pr		e that Ter	minated D	regnancy			
									•			
Medical (NonsurgicMedical (NonsurgicMedical (Nonsurgic	cal) Misoprostol					(Nonsu	ırgical) M	Aifepriston Aisoprosto	l			
☐ Medical (Nonsurgic	cal) Other (Specify)				☐ Medical (Nonsurgical) Other (Specify)							
	Menstrual Aspiration					(Surgio	cal) Mens	on Curetta strual Aspi	ration			
Medical (Surgical)	Other (Specify)				☐ Medical	(Surgio	cal) Other	r (Specify)				
	procedures, answer the fol				For Medical (
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization No	age at least 20 v	veeks?		Was the fet	_	le or have No	a post fer	tilization a	ige at least	20 weeks?	
If the previous question	was answered yes, compl	ete the followin	g question	ns.	If the previou	s quest	ion was a	nswered y	es, comple	ete the follo	wing quest	ions.
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	ive?			Was the fet	us give Yes [opportuni	ty to survi	ve?		
	determination that the pr				What was th							
that required the proceed woman?	dure to avert death or seri	ous impairment	to the pre	egnant	that require woman?	d the pr	rocedure t	o avert de	ath or serio	ous impairn	nent to the	pregnant
					<u> </u>							
Date last normal menses	began 08/01/2017		Physicia	n estimat	e of gestation (i	n week	s)	Post fe	ertilization	age of the	fetus (in we	eeks)
How were the gestationa ULTRASOUND	al age and post fertilization	n age determine	ed?									
JETHAGOUND												
Full name of physician p	-											
Address of physician per	rforming termination (nun		city, state	e, and zip	code)							
200 S. MERIDIAN ST,	INDIANAPOLIS, IN 46	225										
**Date Reported to D	CS, if Patient under 14	4 (month, day, y	ear):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 4626				IN, 46268	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
						T						
Patient's age** 17	Mai	ried Yes I No	Date of pregn	ancy term 12/01/201		Educa	tion			th, No Diploma		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Unl	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termina	ation. If more t	han six (6)), those m	ost recent.)						
1		2	3									
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					Complic	cation(s) of Pregnar	ncy Termination	
☐ Yes ■ I	NO					rine Perforation						
					☐ Hemorrhage ☐ Cervical Laceratio							
Fetus viable? Yes I	No	If viable, medical	reason for term	ination:		☐ Infection ☐ Retained Products						
							Other (Spec	-: (-:)				
D-4b-1i1i-	_4:	If							Julei (Spec	ajy)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No							Did this			sult in a maternal death?	
				Yes	S <u>I</u> NO	0						
				Туре	of Termi	nation Procedu	res					
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy		
Medical (Nonsu									lifepriston			
Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)							lisoprostol other (Spec			
	Ü	, , , ,						,				
		uction Curettage Menstrual Aspiration				Medical Medical	(Surgica	al) Sucti al) Mens	on Curetta strual Aspii	ge ration		
Medical (Surgio									r (Specify)			
For Medical (Surgical	al) pr	ocedures, answer the following	llowing questio	on.		For Medical	(Surgica	l) proced	lures, answ	er the following qu	 uestion.	
		nave a post fertilization					_	-		tilization age at leas		
	■ N	1	age at least 20	weeks:			Yes [_	a post tert	ilization age at leas	st 20 weeks:	
If the previous quest	ion w	as answered yes, compl	ete the following	ng questio	ns.	If the previou	ıs questi	on was a	nswered ye	es, complete the fol	lowing questions.	
Was the fetus gives	n the	best opportunity to surv	iva?	• •		Was the fet	ue aiven	the best	opportunit	ty to survive?		
Yes [IVC.				Yes [_	оррогили	ly to survive:		
What was the basis	for c	etermination that the pr	egnant woman	had a con	dition	What was t	he basis	for deter	mination tl	hat the pregnant wo	oman had a condition	
that required the pr woman?	oced	are to avert death or seri	ious impairmen	it to the pr	egnant	that require woman?	d the pro	ocedure t	o avert dea	ath or serious impai	rment to the pregnant	
						oman:						
Date last normal men		oegan 08/02/2017		Physicia	n estimat	e of gestation (in weeks)	Post fe	rtilization age of th	· · · · · · · · · · · · · · · · · · ·	
How were the gestat		age and post fertilization	n age determin	ed?								
ULTRASOUND												
	-	rforming termination										
DR. CAROL DELL			mbor and atmos	t aits ata	a and -:	a code)						
	-	orming termination (num		i, cuy, stat	е, апа zīp	coue)						
		·										
**Date Reported t	o DO	CS, if Patient under 14	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/14/2017

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI)	SS - 8590 GEORGETOWN ROAD	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION								
				INDIAN	IAPUL	ıo			WARIO	N .
Patient's age** Ma	rried Yes I No	Date of pregnancy terminal 12/01/201		Educa	tion		9th-12t	h, No Diplor	ma	
Race American Indian or A Native Hawaiian or O		☐ Asian ☐ Black☐ White ■ Other		an American	☐ Unl	known		nic or Latino ispanic or Lat	ino [Unknown
Live Births:	Number now living	0			Numb	er now de	ceased	0		
Other Terminations:	Number of spontaneou	s terminations 0			Numb	er of indu	ced termin	ations 0		
Dates of terminations (Do		•								
Fetus delivered alive? Yes No	If yes, length of tir	ne fetus survived:	<u> </u>	4		5	one	ation(s) of Pre	gnancy Terr	nination
Fetus viable? Yes No	If viable, medical r	eason for termination:				□ In	emorrhage fection ther (Speci		Cervical La Retained Pr	
Pathological examination performed? Yes No Did this termination of pregnancy result in a maternal death? Yes No										
		Туре	of Termin	nation Procedur	res					
Procedure that Terminate	d Pregnancy			Additional Pr	ocedure	that Tern	ninated Pre	egnancy		
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	al) Mifepristone			☐ Medical ☐ Medical	(Nonsui (Nonsui	rgical) M	ifepristone isoprostol her (<i>Speci</i>	,		
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgica		n Curettag rual Aspir (Specify)			
For Medical (Surgical) pr	ocedures, answer the fol	lowing question.		For Medical (Surgica	l) procedu	ıres, answe	er the followin	g question.	
Was the fetus viable or l ☐ Yes ■ N	have a post fertilization a	age at least 20 weeks?			us viable Yes	_	a post ferti	lization age at	least 20 we	eks?
If the previous question w	as answered yes, comple	ete the following question	ns.	If the previou	s questi	on was an	swered ye	s, complete th	e following	questions.
Was the fetus given the	best opportunity to survi	ve?			us given Yes		opportunity	y to survive?		
		egnant woman had a conc ous impairment to the pro						at the pregnar th or serious in		d a condition to the pregnant
	JNKNOWN		n estimate	e of gestation (i	n weeks	·)	Post fer	tilization age	of the fetus	(in weeks)
How were the gestational	age and post fertilization	n age determined?								
ULTRASOUND										
Full name of physician pe	-									
Address of physician perf 200 S. MERIDIAN ST, I	=		e, and zip	code)						
**Date Reported to DO	CS, if Patient under 14	(month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION				
27	Iarried	Yes [■ No	Date of preg	gnancy term 12/16/201		Е	ducat	cion			th, No D	iploma		
Race American Indian or Native Hawaiian or				☐ Asian ☐ White	■ Blac		can America	an	☐ Unk	nown		y anic or La Hispanic			☐ Unknown
Live Births:	Nur	nber now	living							er now de		1			
Other Terminations:	Nur	nber of sp	ontaneou	us termination	ıs				Numbe	er of indu	iced term)		
Dates of terminations (I	Do not	include th	is termin), those m	ost recent.))					,		
1	2			3			4			5	C 1:		6		· .·
Fetus delivered alive? Yes No		If yes, ler	ngth of ti	me fetus surv	ived:					_	-	cation(s)	of Pregnan	•	
										■ N	lone				erforation
Fetus viable?		If viable,	medical	reason for ter	mination:		Hemorrhage Cervical Laceration							aceration	
☐ Yes ■ No							☐ Infection ☐ Retained Products							Products	
											Other (Spe	cify)			
Pathological examination performed?	on	If yes, res	sults:												
Yes No										Did this	terminati	on of pre	gnancy resi	ult in	a maternal death?
					☐ Yes	■ N	0								
					Туре	of Termi	ination Proc	cedur	res						
Procedure that Terminat	ted Pre	gnancy					Addition	al Pr	ocedure	that Teri	minated P	regnancy			
Medical (Nonsurgi											lifepristor				
☐ Medical (Nonsurgion Medical (Nonsurgio Medi											lisoprosto ther (<i>Spec</i>				
Medical (Surgical)	Suction	n Curetta	ore.				☐ Med	lical	(Surgica	1) Suctiv	on Curetta	nge			
☐ Medical (Surgical)	Mensi	trual Aspi					☐ Med	lical	(Surgica	l) Mens	trual Aspi	ration			
Medical (Surgical)	Other	(Specify)					Мес	iical	(Surgica	I) Other	(Specify)				
For Medical (Surgical) 1	-						For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable o ☐ Yes ■		a post fert	tilization	age at least 2	0 weeks?				ıs viable ∕es □		a post fer	tilization	age at least	t 20 w	eeks?
If the previous question	was an	iswered y	es, comp	lete the follow	ving questio	ns.	If the pre	eviou	s questic	on was ai	nswered y	es, compl	ete the foll	owin	g questions.
Was the fetus given th		opportuni	ty to surv	vive?					ıs given Yes 🔲		opportuni	ty to surv	ive?		
What was the basis for	r deterr	nination t	hat the n	regnant woma	an had a con	dition	What w	— vas th	ne basis 1	for deter	mination t	hat the n	egnant wo	man l	nad a condition
that required the proce							that rec	quirec							to the pregnant
woman?							woman	1.							
											1				
Date last normal menses	_	7/2017			Physicia	ın estimat	te of gestati	on (i	n weeks))	Post fe	ertilizatio	n age of the 11		s (in weeks)
How were the gestations			ertilizatio	on age determ	ined?										
ULTRASOUND															
Full name of physician p			ination												
Address of physician pe	erformi	ng termina				e, and zip	code)								
8590 GEORGETOWN	ROA	D, INDIA	NAPOL	IS, IN 46268	3										
**Date Reported to I	DCS, i	f Patient	under 1	4 (month, day	y, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or town, of pregnancy termination County of pregnancy term MARION County of pregnancy term							
Patient's age** 28	Marı	ied □ Yes ■ No	Date of pregr	nancy term 12/16/20		Educ	ation	н		ol Diploma or	GED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	∏ Unl	known		y anic or Latino Hispanic or Latin	10	☐ Unknown
Live Births:		Number now living						er now d		0		_
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termi			
Dates of termination 1. 04/28/2015	is (Do	not include this termin		,	**	ost recent.)		5		6		
Fetus delivered alive	?	If yes, length of ti							Compli	cation(s) of Pregr	nancy [Termination
☐ Yes ■	No				■ None ☐ Uterine Perforat							Perforation
								П	Hemorrhag	e \square C	Cervical	Laceration
Fetus viable? Yes	No	If viable, medical	reason for term	nination:					nfection	_		
l les E							Troducts					
B.d. I. i. i.		76 1.				Other (Specify)						
Pathological examin performed?	If yes, results:											
☐ Yes ■	Did this termination of pregnancy result in a maternal deat ☐ Yes ■ No											
						1 es	S <u>- N</u>	0				
				Type	e of Termin	nation Procedu	ıres					
Procedure that Term	inated	Pregnancy				Additional P		that Ter	minated P	reanancy		
		•										
Medical (Nonsu Medical (Nonsu							l (Nonsu	rgical) M	Aifepriston Aisoprosto	1		
Medical (Nonsu	ırgical	Other (Specify)				☐ Medica	l (Nonsui	rgical) C	Other (Spec	rify)		
Medical (Surgio									on Curetta			
☐ Medical (Surgion Med		enstrual Aspiration ther (Specify)							strual Aspi r (<i>Specif</i> y)	ration		
For Medical (Surgic	al) pro	cedures, answer the fo	llowing question	on.		For Medical	(Surgica	l) proced	lures, answ	ver the following	questi	on.
	_	ave a post fertilization					_	-		tilization age at l	-	
	■ No		age at least 20	weeks.			Yes [_	a post for	imzation age at i	cust 20	weeks.
If the previous quest	ion wa	s answered yes, comp	lete the followi	ng questic	ons.	If the previo	us questi	on was a	nswered y	es, complete the	follow	ing questions.
_ ~ -	n the b	est opportunity to surv	vive?					the best No	opportuni	ty to survive?		
		etermination that the pr										n had a condition
that required the programmer woman?	rocedu	re to avert death or ser	ious impairmer	nt to the pi	regnant	that require woman?	ed the pro	ocedure t	o avert dea	ath or serious im	pairme	nt to the pregnant
Date last normal me	nses be	egan		Physicia	an estimate	e of gestation (in weeks	·)	Post fe	ertilization age of	f the fe	tus (in weeks)
	0	9/25/2017				11					9	(
	ional a	ige and post fertilization	on age determin	ned?								
ULTRASOUND	LIRASOUND											
Full name of physician	_	-										
Address of physician		rming termination (nu	mber and stree	t, city, sta	te, and zip	code)						
	-	OAD, INDIANAPOL		· 								
dulum =												
**Date Reported t	to DC	S, if Patient under 1-	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANAL	POLIS, IN, 46268	or town, of pregna	ncy termination		County of pregnancy termination MARION				
Patient's age** Ma	. 1 Data of	pregnancy terminatio	n Educa	tion						
20 Ma	rried Date of Yes No	12/16/2017	on Educa	HOH	Some Col	lege, No Degree				
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	=	African American	Unknown	Not H	nic or Latino 🔲 Unknown				
Live Births:	Number now living	0		Number now d	eceased	0				
Other Terminations:	Number of spontaneous termina	tions 0		Number of ind	uced termin	ations 0				
Dates of terminations (De	o not include this termination. If n	nore than six (6), thos	se most recent.)							
I	2		4	5	Complies	ation(s) of Pregnancy Termination				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus s	survived:			_					
					None	Uterine Perforation				
Fetus viable?	If viable, medical reason for	r termination:			Hemorrhage	Cervical Laceration				
☐ Yes ■ No ☐ Infection ☐ Retained Products										
☐ Other (Specify)										
Pathological examination	If yes, results:									
performed? ☐ Yes ■ No				Did this	s termination	n of pregnancy result in a maternal death?				
	☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No									
		Type of Te	ermination Procedu	res						
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Ter	minated Pre	egnancy				
	•		_							
Medical (Nonsurgical Medical (Nonsurgical Nonsurgical Nons	al) Misoprostol		☐ Medical	(Nonsurgical) M (Nonsurgical) M	Isoprostol					
☐ Medical (Nonsurgical	al) Other (Specify)		☐ Medical	(Nonsurgical) C	Other (Specif	(y)				
Medical (Surgical)				(Surgical) Sucti						
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)			(Surgical) Mens (Surgical) Other		ntion				
	1 6 11			(0 ' 1)		4 6 11				
For Medical (Surgical) pi	rocedures, answer the following q	uestion.	For Medical	Surgical) proced	lures, answe	er the following question.				
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at lea	st 20 weeks?		us viable or have Yes 🔲 No	a post fertil	lization age at least 20 weeks?				
		llowing questions		_	marriama di vias	a commission the following questions				
•	was answered yes, complete the fo	nowing questions.		•	•	s, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes \text{No}	opportunity	to survive?				
What was the basis for	determination that the pregnant w	oman had a condition	What was f	ne hasis for deter	mination the	at the pregnant woman had a condition				
that required the proced	lure to avert death or serious impa		that require			h or serious impairment to the pregnant				
woman?			woman?							
<u> </u>			l							
Date last normal menses	•	Physician esti	mate of gestation (n weeks)	Post fert	tilization age of the fetus (in weeks)				
	10/19/2017 I age and post fertilization age det	ermined?	7			5				
ULTRASOUND	ago and post fortinzation ago dot									
Full name of physician po	erforming termination									
DR. CASANDRA CASI	HMAN		_							
	forming termination (number and ROAD, INDIANAPOLIS, IN 46		l zip code)							
- CONTRACTOR OF TOWN	NOAD, INDIANAI OLIO, IN 40									
**Date Reported to Do	CS, if Patient under 14 (month,	day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

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Facility Name and Addre	ess) - 8590 GEORGETOWN ROAD, INDIANAP	City		town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION						
Dationt's access	Data 6	araananay tar	n 17.1	tion						
42	arried Date of p	pregnancy terminatio 12/16/2017	n Educa			ol Diploma or GED				
Race American Indian or A Native Hawaiian or C		☐ Black or A☐ Other	frican American	Unknown		inic or Latino Iispanic or Latino Unknown				
Live Births:	Number now living	2		Number now o	leceased	0				
Other Terminations:	Number of spontaneous terminat	tions		Number of ind	luced termin	nations				
Dates of terminations (De	l o not include this termination. If m	ore than six (6), thos	e most recent.)			0				
1	2 3		_ 4	5		6				
Fetus delivered alive?	If yes, length of time fetus so	urvived:			Complic	ation(s) of Pregnancy Termination				
☐ Yes ■ No					None	☐ Uterine Perforation				
T	e Cervical Laceration									
Fetus viable? If viable, medical reason for termination:										
D-41-1i1iti	. If			—	Other (Spec	<i>1</i> Jy)				
Pathological examination performed?	If yes, results:									
☐ Yes ■ No						on of pregnancy result in a maternal death?				
☐ Yes ■ No										
		Туре of Te	rmination Procedu	res						
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Ter	rminated Pr	egnancy				
Medical (Nonsurgical				(Nonsurgical) N						
☐ Medical (Nonsurgical Medical Medic				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
	any contracting			(1 tollowing roul)	stilei (spee)	337				
Medical (Surgical)	Suction Curettage Menstrual Aspiration			(Surgical) Suct (Surgical) Men						
Medical (Surgical)				(Surgical) Othe		ation				
For Medical (Surgical) p	rocedures, answer the following qu	estion	For Medical	(Surgical) proced	dures answ	er the following question.				
Was the fetus viable or Yes N	have a post fertilization age at least lo	st 20 weeks?		us viable or have Yes No	e a post ferti	ilization age at least 20 weeks?				
If the previous question v	was answered yes, complete the fol	lowing questions.	If the previou	s question was a	nswered ve	es, complete the following questions.				
•		no wing questions:		-	•					
Was the fetus given the Yes N	best opportunity to survive? Jo			us given the best Yes No	opportunit	y to survive?				
What was the basis for	determination that the pregnant wo	oman had a condition	What was the	ne basis for deter	rmination th	nat the pregnant woman had a condition				
that required the proced	lure to avert death or serious impai		t that require			th or serious impairment to the pregnant				
woman?			woman?							
Date last normal menses	began 10/27/2017	Physician esti	mate of gestation (i	n weeks)	Post fer	rtilization age of the fetus (in weeks)				
	10/2//2017 I age and post fertilization age dete	ermined?	7			5				
ULTRASOUND	5 1 min age dete	- -								
Full name of physician p	=									
DR. CASANDRA CASI			1-:1							
	forming termination (number and a ROAD, INDIANAPOLIS, IN 462		zip code)							
	,									
**Date Reported to De	CS, if Patient under 14 (month,	day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

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Facility Name and Add	ress 3i) - 8590 GEORGETOWN ROAD, INDIANAP	City o	or town, of pregnan	•	County of pregnancy termination			
. 7 IN-GEORGETOWN UK (PPC	S., 3330 GLONGETOWN ROAD, INDIANAPI	JEIO, III, 40200	INDIAN	APOLIS	MARION			
Patient's age** M	Tarried Date of p	regnancy termination 12/16/2017	Educati	ion	9th-12th, No Diploma			
Race American Indian or Native Hawaiian or		☐ Black or Afi		Unknown	Ethnicity ☐ Hispanic or Latino ■ Not Hispanic or Latino ☐ Unknown			
Live Births:	Number now living	0		Number now dec	0			
Other Terminations:	Number of spontaneous terminat	0		Number of induc	eed terminations 0			
,	Do not include this termination. If me 2 3 3	* **	,	5.	6			
Fetus delivered alive? Yes No	If yes, length of time fetus su			■ No	Complication(s) of Pregnancy Termination			
Fetus viable? Yes No	If viable, medical reason for	termination:		_	emorrhage			
Pathological examination If yes, results: Other (Specify)								
performed? ☐ Yes ■ No Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No								
		Type of Terr	mination Procedure	es				
Procedure that Terminal	ted Pregnancy		Additional Pro	ocedure that Term	inated Pregnancy			
Medical (Nonsurgion Medical (Nonsurgio Medical (Nonsurgio Medical			☐ Medical (Nonsurgical) Mi Nonsurgical) Mi Nonsurgical) Oth	soprostol			
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		Medical (Surgical) Suction Surgical) Menstr Surgical) Other (rual Aspiration			
For Medical (Surgical)	procedures, answer the following qu	estion.	For Medical (S	Surgical) procedu	res, answer the following question.			
Was the fetus viable o	r have a post fertilization age at leas No	t 20 weeks?		s viable or have a	post fertilization age at least 20 weeks?			
If the previous question	was answered yes, complete the following	lowing questions.	If the previous	question was ans	swered yes, complete the following questions.			
Was the fetus given th	e best opportunity to survive? No			s given the best of	pportunity to survive?			
	r determination that the pregnant wo edure to avert death or serious impair				nination that the pregnant woman had a condition avert death or serious impairment to the pregnant			
Date last normal menses	-	Physician estim	ate of gestation (in	ı weeks)	Post fertilization age of the fetus (in weeks)			
How were the gestations	10/20/2017 al age and post fertilization age deter	rmined?	12		10			
ULTRASOUND	<u>-</u>							
Full name of physician p								
	rforming termination (number and s		ip code)					
**Date Reported to I	OCS, if Patient under 14 (month, a	day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

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Facility Name and Add PPIN-GEORGETOWN OR (PF	Facility Name and Address PIN-GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						ncy termination		County of pregnancy termination MARION		
<u> </u>						Г					
23	Marrie [ed Yes No	Date of pregn	nancy terminat 12/16/2017	tion	Educat			ool Diploma or GED		
Race American Indian or Native Hawaiian or	Othe	r Pacific Islander	Asian White	☐ Black or ☐ Other	Afric	an American	Unknown	■ Not l	y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living	0				Number now o	leceased	0		
Other Terminations:	N	umber of spontaneous	s terminations				Number of inc	luced termi	inations O		
Dates of terminations (Do no	ot include this termina	tion. If more to	han six (6), th	ose mo	ost recent.)	5		6		
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ed:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■ No)						•	None	☐ Uterine Perforation		
					☐ Hemorrhage ☐ Cervical Lacers						
Fetus viable?		If viable, medical r	eason for term	ination:		☐ Infection ☐ Retained Produ					
Yes No)										
								Other (Spe	cify)		
Pathological examinati performed?	ion	If yes, results:									
Yes No	O						Did thi	s terminati	on of pregnancy result in a maternal death?		
							☐ Ye				
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurg	rical)	Mifepristone				☐ Medical	(Nonsurgical) I	Mifepriston	ne		
☐ Medical (Nonsurg	gical)	Misoprostol				Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)					
Medical (Nonsurg	gicai)	Otner (Specify)				Medical	(Nonsurgical)	otner (Spec	cify)		
Medical (Surgical							(Surgical) Suct				
Medical (Surgical Medical (Surgical						☐ Medical ☐ Medical	(Surgical) Men (Surgical) Othe	strual Aspı er (<i>Specif</i> y)	iration		
For Medical (Surgical)	proce	edures, answer the foll	owing question	on.		For Medical ((Surgical) proce	dures, answ	ver the following question.		
		ve a post fertilization a	ige at least 20	weeks?				e a post fer	lization age at least 20 weeks?		
Yes If the previous question		answered ves comple	ete the followi	ng questions		_	Yes No	nswered v	es, complete the following questions.		
		st opportunity to survi		ng questions.		_	us given the bes				
Yes Yes		FF Sairty to Sairti					Yes No	-FL-			
		ermination that the pre-							that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	edure	to avert death or serio	ous impairmei	it to the pregn	anı	woman?	u me procedure	to avert dea	ath of serious impairment to the pregnant		
Date last normal mense	es bee	an		Physician es	stimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
	09/	24/2017				12			10		
How were the gestation	nal ag	e and post fertilization	age determin	ed?	_						
ULTRASOUND											
Full name of all its		uming tour 't'									
Full name of physician DR. CASANDRA CA	SHM	AN									
Address of physician p 8590 GEORGETOWI		-		t, city, state, a	nd zip	code)					
		·,	.,								
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

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Facility Name and Add PPIN-GEORGETOWN OR (PF	dress PGI) - 8	590 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268	ity or t		ncy termination		County of pregnancy termination MARION		
						Γ_					
26	Marri	ed □ Yes ■ No	Date of pregn	nancy terminat 12/16/2017	tion	Educa			ol Diploma or GED		
Race American Indian or Native Hawaiian or	r Othe	er Pacific Islander	Asian White	☐ Black or ☐ Other	r Africa	an American	Unknown	■ Not I	nnic or Latino Hispanic or Latino		
Live Births:	l N	lumber now living	0				Number now o	leceased	0		
Other Terminations:	N	lumber of spontaneous	s terminations				Number of ind	uced termi	nations 0		
Dates of terminations ((Do n	ot include this termina	tion. If more t	han six (6), th	iose mo	ost recent.)					
1		2	3			4	5		6		
Fetus delivered alive? Yes No)	If yes, length of tim	ne fetus surviv	red:				Complic	eation(s) of Pregnancy Termination		
	•							None	☐ Uterine Perforation		
Fetus viable?		If viable, medical re	eason for term	nination:				Hemorrhag	e Cervical Laceration		
Yes No)	ii viable, inedicar i	cuson for term	mation.		☐ Infection ☐ Retained Produc					
						Other (Specify)					
Pathological examinati	ion	If yes, results:						(Y)	327		
performed?		,,									
Yes No	0						Did thi ☐ Ye		on of pregnancy result in a maternal death?		
							10 **		_		
				Type of	Termi	nation Procedus	res				
Type of Termination Procedures Additional Procedure that Terminated Programmy											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurg ☐ Medical (Nonsurg							(Nonsurgical) N				
Medical (Nonsurg						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Suc	etion Curettage				☐ Medical	(Surgical) Suct	ion Curetta	ge .		
☐ Medical (Surgical) Me	nstrual Aspiration				Medical	(Surgical) Men	strual Aspi	ration		
Medical (Surgical	l) Oth	ner (Specify)				☐ Medical	(Surgical) Othe	r (Specify)			
For Medical (Surgical)) proc	edures, answer the foll	owing question	on.		For Medical ((Surgical) proceed	dures, answ	er the following question.		
		ve a post fertilization a	ige at least 20	weeks?				e a post fert	ilization age at least 20 weeks?		
☐ Yes ■	No					□ Y	Yes No				
If the previous question	n was	answered yes, comple	ete the followi	ng questions.		If the previou	s question was a	inswered ye	es, complete the following questions.		
Was the fetus given t ☐ Yes ☐		st opportunity to survi	ve?				us given the best Yes \(\sime\) No	opportunit	ey to survive?		
		ermination that the pre	anant weems	had a acadiri	ion	_	_	rmination 1	hat the pregnant woman had a condition		
that required the proc		e to avert death or serio				that require			ath or serious impairment to the pregnant		
woman?						woman?					
L											
Date last normal mense				Physician e	stimate	e of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)		
How were the gestation		/25/2017	age determin	ped?		11			9		
ULTRASOUND	ııaı ag	se and post rettilization	i age uetemin	ica:							
Full name of physician DR. CASANDRA CA											
Address of physician p	perfor	ming termination (num		t, city, state, a	ınd zip	code)					
8590 GEORGETOW	N RO	AD, INDIANAPOLIS	S, IN 46268								
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SSS) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City o	or town, of pregna	ncy termination	. (County of pregnancy termination MARION				
	Γ_									
33	rried Date of preg	nancy termination 12/16/2017	Educa	tion	1	ege, No Degree				
Race American Indian or A Native Hawaiian or O	—	☐ Black or Afr	rican American	Unknown		ic or Latino Spanic or Latino Unknown				
Live Births:	Number now living 0			Number now o	deceased	0				
Other Terminations:	Number of spontaneous terminations	3		Number of ind	luced termina	tions 0				
Dates of terminations (De	o not include this termination. If more	than six (6), those	most recent.)			0				
1	2 3		4	5		6				
Fetus delivered alive?	If yes, length of time fetus surviv	ved:			Complicat	ion(s) of Pregnancy Termination				
☐ Yes ■ No				•	None	☐ Uterine Perforation				
					Hemorrhage	☐ Cervical Laceration				
Fetus viable? ☐ Yes ■ No	If viable, medical reason for terr	nination:			Infection	☐ Retained Products				
163 🕒 100			☐ Infection ☐ Retained Products							
		⊔ '	Other (Specif	ý)						
Pathological examination performed?	If yes, results:									
Yes No Did this termination of pregnancy result in a maternal death?										
				☐ Ye	es 🔳 No					
Type of Termination Procedures										
Procedure that Terminate	od Pregnancy		Additional Pr	ocedure that Te	rminated Pred	maney				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical /li>				(Nonsurgical) I (Nonsurgical) I						
Medical (Nonsurgical				(Nonsurgical) (<i>v)</i>				
Medical (Surgical)	Suation Curattage		- Madical	(Surgical) Suct	ion Curattaga					
☐ Medical (Surgical)	Menstrual Aspiration			(Surgical) Men	strual Aspirat					
Medical (Surgical)	Other (Specify)		☐ Medical	(Surgical) Othe	er (Specify)					
For Medical (Surgical) pr	rocedures, answer the following questi	on.	For Medical	(Surgical) proceed	dures, answer	the following question.				
was the fetus viable or Yes N	have a post fertilization age at least 20 lo	weeks?		us viable or nave Yes \text{No}	e a post tertili	zation age at least 20 weeks?				
If the previous question v	was answered yes, complete the follow	ing questions	If the previou	s question was s	ancwered vec	complete the following questions.				
if the previous question v	was answered yes, complete the follow.	ing questions.	ii tile previou	is question was a	answered yes,	complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes \text{No}	t opportunity	to survive?				
What was the basis for	determination that the pregnant woman	n had a condition	What was th	ne basis for dete	rmination the	t the pregnant woman had a condition				
that required the proced	lure to avert death or serious impairme		that require			or serious impairment to the pregnant				
woman?			woman?							
Date last normal menses	began	Physician estim	ate of gestation (i	n weeks)	Post ferti	ilization age of the fetus (in weeks)				
	10/01/2017	·	7	· 		5				
_	l age and post fertilization age determine	ned?								
ULTRASOUND										
Full name of physician po	_									
DR. CASANDRA CASH		ot city state J	in code)							
	forming termination (number and street ROAD, INDIANAPOLIS, IN 46268	zi, city, state, and z	ιρ τομε)							
	,									
**Date Reported to Do	CS, if Patient under 14 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	ess 1) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City o	r town, of pregnar	ncy termination	County of pregnancy termination MARION				
	ı		1 .						
23		nancy termination	Educat	High	School Diploma or GED				
Race American Indian or A Native Hawaiian or C	Other Pacific Islander White	☐ Black or Afr ☐ Other	ican American	Unknown •	nnicity Hispanic or Latino Not Hispanic or Latino Unknown				
Live Births:	Number now living 3			Number now decea	sed 0				
Other Terminations:	Number of spontaneous terminations	}		Number of induced	terminations 0				
Dates of terminations (D	o not include this termination. If more	than six (6), those	most recent.)						
1	2 3		4	5	6				
Fetus delivered alive? Yes No	If yes, length of time fetus surviv	ved:		Co	omplication(s) of Pregnancy Termination				
165 110				■ None	Uterine Perforation				
Fetus viable?	If viable, medical reason for term	nination:		☐ Hemo	orrhage				
Yes No	if viable, incarear reason for term	imation.	☐ Infection ☐ Retained Produc						
			☐ Other (Specify)						
Pathological examination	n If yes, results:		— — — — — — — — — — — — — — — — — — —						
performed?									
☐ Yes ■ No					nination of pregnancy result in a maternal death? No				
		Type of Tom	nination Procedur	es					
Type of Termination Procedures Additional Procedure that Terminated Programmy									
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy									
☐ Medical (Nonsurgic☐ Medical (Nonsurgic			☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
Medical (Nonsurgic			Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage		☐ Medical ((Surgical) Suction C	hirettage				
☐ Medical (Surgical)	Menstrual Aspiration			(Surgical) Menstrual	l Aspiration				
Medical (Surgical)	Other (Specify)		☐ Medical ((Surgical) Other (Sp	ecify)				
For Medical (Surgical) p	rocedures, answer the following question	on.	For Medical (Surgical) procedures	, answer the following question.				
	have a post fertilization age at least 20	weeks?			ost fertilization age at least 20 weeks?				
☐ Yes ■ N	No		∐ Y	es No					
If the previous question	was answered yes, complete the follow	ing questions.	If the previous	s question was answe	ered yes, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	e best opportunity to survive? Vo			is given the best oppo	ortunity to survive?				
	determination that the pregnant woman	had a condition	What was th	e basis for determine	ation that the pregnant woman had a condition				
that required the proceed	dure to avert death or serious impairme		that required		ert death or serious impairment to the pregnant				
woman?			woman?						
Date last normal menses	_	Physician estim	ate of gestation (in	n weeks)	Post fertilization age of the fetus (in weeks)				
	10/01/2017 l age and post fertilization age determine	l ned?	12		10				
ULTRASOUND	8 F								
Full name of physician p									
	forming termination (number and stree	t, city, state, and z	ip code)						
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to D	*Date Reported to DCS, if Patient under 14 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PPIN-GEORGETOWN OR (PP	lress GI) - 859	90 GEORGETOWN ROAD), INDIANAPOLIS,	IN, 46268	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
<u> </u>						·- ·- ••						
Patient's age** 21	Aarried	d Yes ■ No	Date of pregn	nancy termin		Educa	tion			llege, No Degree	•	
Race American Indian or Native Hawaiian or			Asian White	☐ Black		an American	☐ Unl	known		nic or Latino lispanic or Latino	☐ Unknown	
Live Births:	Νü	ımber now living	0				Numb	er now d	eceased	0		
Other Terminations:	Νü	ımber of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0		
Dates of terminations (A	Do noi		ation. If more t	than six (6),	those mo	ost recent.)		5.		6.		
Fetus delivered alive?		If yes, length of tir		ved:					Complic	ation(s) of Pregnan	cy Termination	
☐ Yes ■ No						■ None ☐ Uterine Perforation						
						☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable? ☐ Yes ■ No		If viable, medical i	reason for term	nination:		☐ Infection ☐ Retained Products						
									Other (Spec	_		
Pathological examination	If yes, results:							outer (spec	99)			
performed?		ir yes, resums.										
☐ Yes ■ No					Did this termination of pregnancy result in a maternal of Yes No							
Type of Termination Procedures												
Procedure that Termina	ated Pr	egnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy		
Medical (Nonsurgi		•										
Medical (Nonsurgi Medical (Nonsurgi Medical (Nonsurgi	ical) N	Misoprostol				 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 						
inedical (Nonsurgi	icai) (omei (specijy)				Wedicai	(INOIISUI	rgicai) C	nner (speci	Jy)		
☐ Medical (Surgical) ☐ Medical (Surgical)									on Curettag strual Aspir			
Medical (Surgical)									(Specify)			
For Medical (Surgical)	proced	dures, answer the fol	lowing questic	on.		For Medical	Surgica	l) proced	ures, answ	er the following qu	estion.	
Was the fetus viable o		e a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
If the previous question		nswered yes, compl	ete the followin	ng question	ıs.	☐ Yes ☐ No If the previous question was answered yes, complete the following questions.						
Was the fetus given th ☐ Yes ☐		t opportunity to surv	ive?				us given Yes		opportunit	y to survive?		
		ii. a . a		. 1 3	1:4: -	_		_			man hada a 192	
What was the basis for that required the proce						that require					man had a condition rment to the pregnant	
woman?						woman?						
Date last normal mense	_	n 3 0/2017		Physician	n estimate	e of gestation (i	n weeks)	Post fer	tilization age of the	e fetus (in weeks)	
How were the gestation			n age determin	ned?						<u> </u>		
ULTRASOUND												
Full name of physician DR. CASANDRA CAS												
Address of physician po				t, city, state	, and zip	code)						
8590 GEORGETOWN	N KUA	AD, INDIANAPOLI	o, IN 46268									
**Date Reported to I	DCS,	if Patient under 14	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

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Facility Name and Addre	SS - 8590 GEORGETOWN ROAD, INDIANAPO	City	or town, of pregna	ncy termination	(County of pregnancy termination MARION			
Patient's age** Ma	Data of	regnancy termination	Educa	tion					
22 Ma	rried Date of pr	12/16/2017	Educa		Some Coll	ege, No Degree			
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	☐ Black or At	rican American	Unknown	Not His	ic or Latino spanic or Latino Unknown			
Live Births:	Number now living	0		Number now do	eceased	0			
Other Terminations:	Number of spontaneous termination	ons 0		Number of indu	uced termina	tions 0			
Dates of terminations (De	o not include this termination. If mo	re than six (6), those	most recent.)						
1	2 3		4	5	C1:	6			
Fetus delivered alive? Yes No	If yes, length of time fetus sur	rvived:			_	ion(s) of Pregnancy Termination			
			■ None ☐ Uterine Perforatio						
Fetus viable?	If viable, medical reason for t	ermination:		H	Hemorrhage	☐ Cervical Laceration			
☐ Yes ■ No	·			Iı	nfection	☐ Retained Products			
					Other (Specif	iy)			
Pathological examination	If yes, results:								
performed? ☐ Yes ■ No				D:141:		-f1 dd-9			
l les l No				☐ Yes		of pregnancy result in a maternal death?			
Type of Termination Procedures									
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy									
			<u> </u>			grancy			
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical /li>				(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsurgical				(Nonsurgical) O		')			
Medical (Surgical)	Suction Curettage		_ Medical	(Surgical) Suction	on Curettage				
	Menstrual Aspiration		☐ Medical	(Surgical) Mens (Surgical) Other	trual Aspirat				
Wedlear (Surgicar)	outer (specify)		iviculcar	(Surgicar) Outer	(Бресцу)				
			_						
For Medical (Surgical) pr	cocedures, answer the following que	estion.	For Medical (Surgical) proced	ures, answer	the following question.			
	have a post fertilization age at least	20 weeks?			a post fertili	zation age at least 20 weeks?			
☐ Yes ☐ N	0			Yes No					
If the previous question v	vas answered yes, complete the follo	owing questions.	If the previou	s question was a	nswered yes,	complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best	opportunity	to survive?			
				Yes No					
	determination that the pregnant wor lure to avert death or serious impairs					t the pregnant woman had a condition or serious impairment to the pregnant			
woman?	•		woman?	•					
Date last normal menses	began	Physician estin	nate of gestation (i	n weeks)	Post ferti	lization age of the fetus (in weeks)			
	11/02/2017		6			4			
_	age and post fertilization age deter	mined?							
CLINASCOND	JLTRASOUND								
Full name of physician s	Full name of physician performing termination								
DR. CASANDRA CASH	_								
	forming termination (number and st		zip code)						
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 4626	68							
**Date Reported to Do	CS, if Patient under 14 (month, de	ay, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	ess) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City	or town, of pregna	ncy termination	•	County of pregnancy termination MARION			
Patient's age** Ma	nrried Date of preg	nancy termination	Educa	tion		1			
28	Yes No	12/16/2017	Educa		1	ege, No Degree			
Race American Indian or A Native Hawaiian or O	Other Pacific Islander White	■ Black or At	frican American	Unknown	Not His	ic or Latino spanic or Latino			
Live Births:	Number now living 2			Number now d		0			
Other Terminations:	Number of spontaneous termination 0			Number of ind	uced termina	ntions 0			
Dates of terminations (De	o not include this termination. If more	than six (6), those	most recent.)						
Fetus delivered alive?	2 3	vad.	4	5	Complicat	tion(s) of Pregnancy Termination			
Yes No	if yes, length of time fetus survi	ved:			None	Uterine Perforation			
Fetus viable?	If viable, medical reason for terr	mination:			Hemorrhage	☐ Cervical Laceration			
☐ Yes ■ No			☐ Infection ☐ Retained Products						
					Other (Specif	(ŷ)			
Pathological examination performed?	If yes, results:								
Yes No				Did this	s termination	of pregnancy result in a maternal death?			
				☐ Ye					
						1			
Type of Termination Procedures									
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Ter	minated Preg	gnancy			
☐ Medical (Nonsurgical	al) Mifepristone		☐ Medical	(Nonsurgical) N	Mifepristone				
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
	ary suiter (operagy)			(Tronsuigieur)	outer (Speed)	,,			
Medical (Surgical)Medical (Surgical)	Suction Curettage Menstrual Aspiration			(Surgical) Sucti (Surgical) Mens					
☐ Medical (Surgical)	Other (Specify)			(Surgical) Othe					
For Medical (Surgical) pr	rocedures, answer the following questi	ion.	For Medical	(Surgical) proced	dures, answer	r the following question.			
Was the fetus viable or	have a post fertilization age at least 20) weeks?	Was the fet	us viable or have	e a post fertili	ization age at least 20 weeks?			
☐ Yes ■ N	No			Yes No					
If the previous question v	was answered yes, complete the follow	ing questions.	If the previou	s question was a	inswered yes,	, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes \(\sime\) No	opportunity	to survive?			
What was the basis for	determination that the pregnant woma	n had a condition	What was t	ne basis for deter	rmination tha	at the pregnant woman had a condition			
	dure to avert death or serious impairme					n or serious impairment to the pregnant			
woman:			woman:						
Date last normal menses	began 10/21/2017	Physician estin	nate of gestation (i	n weeks)	Post ferti	ilization age of the fetus (in weeks) 5			
	l age and post fertilization age determi	ned?	<u> </u>			-			
ULTRASOUND									
Full name of physician po	=								
	forming termination (number and street	et, city, state, and	zip code)						
	ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to Do	CS, if Patient under 14 (month, day	, year):							

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Facility Name and Addre	ESS 1) - 8590 GEORGETOWN ROAD, INDIANA	POLIS, IN, 46268	y or town, of pregna	ncy termination	County of pregnancy termination MARION				
Patient's age** Ma	arried Date of	pregnancy termination	on Educat		Associate Degree				
Race American Indian or A Native Hawaiian or C	Alaska Native Asian	Black or A	African American	Eth	nnicity Hispanic or Latino Not Hispanic or Latino				
Live Births:	Ç	3			0				
Other Terminations:	Number of spontaneous termina	0		Number of induced	terminations 1				
Dates of terminations (De UNKNOWN	o not include this termination. If r 2. 3.	nore than six (6), tho	se most recent.)	5	6				
Fetus delivered alive? Yes No	If yes, length of time fetus	survived:		Co	omplication(s) of Pregnancy Termination Uterine Perforation				
Fetus viable? ☐ Yes ■ No	If viable, medical reason for	or termination:		☐ Hemorrhage ☐ Cervical Laceration ☐ Retained Products ☐ Other (Specify)					
Pathological examination	n If yes, results:				(Specify)				
performed? Yes No					nination of pregnancy result in a maternal death? No				
Type of Termination Procedures									
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy									
Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medi	al) Misoprostol		☐ Medical	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			(Surgical) Suction C (Surgical) Menstrual (Surgical) Other (Spe	Aspiration				
For Medical (Surgical) pr	rocedures, answer the following q	uestion.	For Medical (Surgical) procedures,	, answer the following question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least	ast 20 weeks?		us viable or have a po Yes No	post fertilization age at least 20 weeks?				
If the previous question v	was answered yes, complete the fo	ollowing questions.	If the previou	s question was answe	ered yes, complete the following questions.				
Was the fetus given the	e best opportunity to survive?			us given the best oppo	ortunity to survive?				
	determination that the pregnant w dure to avert death or serious impa				ation that the pregnant woman had a condition ert death or serious impairment to the pregnant				
		I m							
Date last normal menses	10/07/2017	Pnysician est	imate of gestation (i	n weeks) P	Post fertilization age of the fetus (in weeks) 7				
How were the gestational ULTRASOUND	How were the gestational age and post fertilization age determined? JLTRASOUND								
Full name of physician p	Full name of physician performing termination								
DR. CASANDRA CASI	_	street, city, state, and	d zip code)						
	ROAD, INDIANAPOLIS, IN 46		- ′						
**Date Reported to De	*Date Reported to DCS, if Patient under 14 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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to the matter of real with the first section of the
Facility Name and A PPIN-GEORGETOWN OR	Facility Name and Address PIN-georgetown or (PPGI) - 8590 georgetown road, Indianapolis, In, 46					City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
Patient's age** 26	Ma	rried Yes No	Date of pregn	ancy term 12/16/201		Educa	tion			elor's Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Blac		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	2				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations		
Dates of termination	s (Do	not include this termin		han six (6)		ost recent.)		5		0 6		
Fetus delivered alive	?	If yes, length of ti							Complic	cation(s) of Pregnanc	cy Termination	
☐ Yes ■ I	No					■ None ☐ Uterine Perfor						
						☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable?	_	If viable, medical	reason for term	ination:								
☐ Yes ■ I	No							I	nfection	☐ Retai	ned Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No					Did this termination of pregnancy result in a maternal of						
								☐ Ye		0		
	of Termi	nation Procedu	res									
Procedure that Term		Additional P	rocedure	e that Ter	minated Pr	regnancy						
☐ Medical (Nonsu												
☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical (Nonsurgical) Other (Specify)						
		Suction Curettage							on Curetta			
☐ Medical (Surgion Med		Menstrual Aspiration Other (Specify)							strual Aspii r (Specify)	ration		
	,	(~F95)					(~ 8	,	- (~p 5)))			
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question	n.		For Medical (Surgical) procedures, answer the following question.						
	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion w	as answered yes, compl	lete the following	ng questio	ns.	If the previous question was answered yes, complete the following questions.						
Was the fetus given ☐ Yes [best opportunity to surv	rive?				us giver Yes [_	opportunit	ty to survive?		
What was the basis	s for a	letermination that the pr	eonant women	had a con	dition		_		mination t	hat the pregnant wor	nan had a condition	
that required the pr		ure to avert death or seri										
woman?						woman?						
						<u> </u>						
Date last normal mer		•		Physicia	n estimat	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)	
How were the cost-t		JNKNOWN	n aga datamai-	ad?		10				8		
ULTRASOUND	How were the gestational age and post fertilization age determined?											
Full name of physici DR. CASANDRA C		rforming termination										
	-	forming termination (num		t, city, stat	e, and zip	code)						
8590 GEORGETON	WN F	ROAD, INDIANAPOL	IS, IN 46268									
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

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Facility Name and Addre	ess) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City 6	or town, of pregna	ncy termination	(County of pregnancy termination MARION			
Patient's age** Ma	arried Date of preg	nancy termination	Educa	tion	Maata	r's Degree			
Race American Indian or A Native Hawaiian or C	Alaska Native Asian Other Pacific Islander White	■ Black or Afr Other	rican American	Unknown	Ethnicity Hispani Not His	r's Degree c or Latino panic or Latino □ Unknown			
Live Births:	Number now living 0			Number now de	eceased	0			
Other Terminations:	Number of spontaneous terminations 0	S		Number of indu	iced terminat	ions 0			
Dates of terminations (De	o not include this termination. If more	than six (6), those	most recent.)						
1	2 3		4	5	Commlianti	on(s) of Pregnancy Termination			
Fetus delivered alive? Yes No	If yes, length of time fetus survi	ved:			_				
			■ None ☐ Uterine Perforation						
Fetus viable?	If viable, medical reason for terr	mination:		— П	Iemorrhage	☐ Cervical Laceration			
☐ Yes ■ No			☐ Infection ☐ Retained Products						
			☐ Other (Specify)						
Pathological examination	If yes, results:								
performed? ☐ Yes ■ No				Did this	termination	of pregnancy result in a maternal death?			
				☐ Yes		or pregnancy result in a maternal death.			
Type of Termination Procedures									
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Terr	ninated Preg	nancy			
☐ Medical (Nonsurgical	al) Mifenristone		☐ Medical	(Nonsurgical) M	lifenristone	•			
☐ Medical (Nonsurgical	al) Misoprostol								
☐ Medical (Nonsurgical	al) Other (Specify)		Medical	(Nonsurgical) O	ther (Specify)			
Medical (Surgical)				(Surgical) Suction					
Medical (Surgical)	Menstrual Aspiration Other (Specify)			(Surgical) Mens (Surgical) Other		ion			
For Medical (Surgical) p	rocedures, answer the following questi	on	For Medical (Surgical) proced	urec ancwer	the following question.			
was the fetus viable of Yes N	have a post fertilization age at least 20 No	weeks?		res No	a post tertiliz	zation age at least 20 weeks?			
If the previous question v	was answered yes, complete the follow	ing questions.	If the previou	s question was ar	nswered yes,	complete the following questions.			
•	best opportunity to survive?	<i>6</i> 1 · · · · · · · · · · · · · · · · · ·		us given the best	•				
Yes N				res No	оррогини і	o survive:			
	determination that the pregnant woman					the pregnant woman had a condition			
that required the proced woman?	lure to avert death or serious impairme	nt to the pregnant	that require woman?	d the procedure to	o avert death	or serious impairment to the pregnant			
Data last named	hagan	Dhysician4:	nate of mostating (n waaka)	Post f'1	lization aga of the fature (in our -L-)			
Date last normal menses	10/23/2017	riiysician estim	nate of gestation (i	n weeks)	rost tertil	lization age of the fetus (in weeks) 9			
=	l age and post fertilization age determi	ned?							
ULTRASOUND									
Full name of physician po	_								
	forming termination (number and street	et, city, state, and z	zip code)						
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 46268								
**Date Reported to D	CS, if Patient under 14 (month, day,	year):							

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANAPOLI	S, IN, 46268 City (or town, of pregna	ncy termination	C	County of pregnancy termination MARION			
Dationt's acakk	D-46	monory towns't'	Educa	tion					
22	rried Date of pre	gnancy termination 12/16/2017	Educa			ege, No Degree			
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	☐ Black or Af	rican American	Unknown		c or Latino panic or Latino Unknown			
Live Births:	Number now living)		Number now de	eceased	0			
Other Terminations:	Number of spontaneous termination	1S 1		Number of indu	iced terminat	ions 0			
Dates of terminations (De	o not include this termination. If more	than six (6), those	most recent.)						
1	2 3		4	5		6			
Fetus delivered alive? Yes No	If yes, length of time fetus surv	ived:			Complicati	on(s) of Pregnancy Termination			
			■ None ☐ Uterine Perforat						
Fetus viable?	If viable, medical reason for ter	mination:		П	Iemorrhage	☐ Cervical Laceration			
Yes No	ii vidole, medicai reason foi tel	initiation.		☐ Ir	nfection	☐ Retained Products			
			☐ Other (Specify)						
Pathological examination	If yes, results:				· (~p	,			
performed?	y ,								
☐ Yes ■ No				Did this		of pregnancy result in a maternal death?			
Type of Termination Procedures									
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy									
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical /li>				(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsurgical				(Nonsurgical) O)			
Medical (Surgical)	Suction Curettage		- ☐ Medical	(Surgical) Suction	on Curettage				
	Menstrual Aspiration			(Surgical) Mens (Surgical) Other	trual Aspirati	ion			
Medical (Surgical)	Other (Specify)		Medical	(Surgical) Other	(Specify)				
For Medical (Surgical) pr	rocedures, answer the following quest	ion.	For Medical (Surgical) proced	ures, answer	the following question.			
	have a post fertilization age at least 2	0 weeks?			a post fertiliz	zation age at least 20 weeks?			
☐ Yes ☐ N		. ,.	_	Yes □ No	,	1. 4.611			
if the previous question v	was answered yes, complete the follow	ving questions.	If the previou	s question was ar	iswered yes,	complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes No	opportunity t	o survive?			
	determination that the pregnant woma					the pregnant woman had a condition			
that required the proced woman?	lure to avert death or serious impairm	ent to the pregnant	that require woman?	d the procedure to	o avert death	or serious impairment to the pregnant			
woman:			woman:						
Date last normal menses	began 10/16/2017	Physician estim	nate of gestation (i	n weeks)	Post fertil	lization age of the fetus (in weeks) 7			
	age and post fertilization age determ	ined?			1	•			
ULTRASOUND									
Full name of physician po	_								
DR. CASANDRA CASH Address of physician per	IMAN forming termination (number and stre	eet, city, state, and	zip code)						
	ROAD, INDIANAPOLIS, IN 46268		- x - /						
**Date Reported to Do	*Date Reported to DCS, if Patient under 14 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/16/2017

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Facility Name and A PPIN-GEORGETOWN OR	Addres (PPGI)	SS - 8590 GEORGETOWN ROAL), INDIANAPOLIS,	, IN, 46268	City or	town, of pregna	ncy terminatio	County of pregna	ncy termination			
T	1	Ţ	D. C.	<u> </u>		l n i	.•					
Patient's age** 31	Ma	rried Yes No	Date of pregr	12/16/201		Educa			ool Diploma or G	ED		
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black ■ Other		an American	☐ Unknown		y vanic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	1				Number now	deceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations 0				Number of in	duced term	inations 1			
Dates of termination	is (Do	not include this termino	ation. If more t			ost recent.)	5.		6.			
Fetus delivered alive	e?	If yes, length of tin							cation(s) of Pregnar	acy Termination		
☐ Yes ■	No					■ None ☐ Uterine Perforation						
						☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable? Yes	No	If viable, medical	reason for term	nination:								
	110											
Pathological examin	ation	If yes, results:					U	Oulei (spe	cijy)			
performed?		ii yes, results.										
☐ Yes ■				Did this termination of pregnancy result in a maternal death Yes No								
		1										
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsu						_						
Medical (Nonsu	urgica	l) Misoprostol										
Medical (Nonst	urgica	l) Other (Specify)				Medical	(Nonsurgical)	Otner (Spec	cify)			
		Suction Curettage Menstrual Aspiration					(Surgical) Suc (Surgical) Me					
Medical (Surgio							(Surgical) Oth					
For Medical (Surgic	al) pr	ocedures, answer the fol	lowing question	on.		For Medical ((Surgical) proc	edures, ansv	wer the following qu	estion.		
Was the fetus viab		nave a post fertilization	age at least 20	weeks?			us viable or hav Yes No	e a post fer	tilization age at leas	t 20 weeks?		
		as answered yes, compl	ete the followi	ng question	ns	_	_	answered v	res, complete the fol	lowing questions		
		best opportunity to surv		ing question	113.		us given the be	-	_	lowing questions.		
	□ No						Yes No	от оррогии	icy to survive.			
		letermination that the pr				What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant						
woman?	roced	are to avert death or seri	ous impairmei	nt to the pro	egnant	woman?	d the procedure	to avert de	ath or serious impai	rment to the pregnant		
Date last normal me	nses l	pegan		Physicia	ın estimat	e of gestation (i	n weeks)	Post fe	ertilization age of th	e fetus (in weeks)		
How record		10/23/2017	n ogo 1-t	12		11			9			
How were the gestat ULTRASOUND	uonal	age and post fertilizatio	n age determin	iea !								
		rforming termination										
DR. CASANDRA C	_	orming termination (nun	nber and stree	t, city, state	e, and zip	code)						
8590 GEORGETO	WN F	ROAD, INDIANAPOLI	S, IN 46268									
**Date Reported t	to DO	CS, if Patient under 14	1 (month, day,	year):								

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 Patient's age** Married Date of pregnancy terminat						INDIANAPOLIS MARION					•		
						T -							
23	Ma	rried Yes I No		ancy term 12/16/201		Educa	tion			llege, No Degree			
Race American Indian Native Hawaiian		ther Pacific Islander	Asian White	☐ Blac		an American		known	☐ Not H	nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termir	nations 0			
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6)), those m	ost recent.)							
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	ation(s) of Pregnanc	ry Termination		
	. 10							• 1	None	Uteri	ne Perforation		
Fetus viable?		If viable, medical	reason for term	ination:				☐ I	Hemorrhage	e 🗌 Cervi	cal Laceration		
Yes I	No	ii viable, inedicar	reason for term	mation.				□ I	nfection	☐ Retai	ned Products		
		☐ Other (Specify)											
Pathological examin													
performed?							Did this termination of pregnancy result in a mate						
☐ Yes ■ No							Did this termination of pregnancy result in a maternal dea ☐ Yes ■ No						
I													
				Type	of Termi	nation Procedu	res						
D 1 (1 (T	. ,	1.0		1 јурс	or remin			d (T	' . ID				
Procedure that Term	ınate	1 Pregnancy				Additional Pr				•			
Medical (NonsuMedical (Nonsu									Aifepristone Aisoprostol				
		l) Other (Specify)							Other (Speci				
Medical (Surgic	cal) S	Suction Curettage				☐ Medical	(Surgica	al) Sucti	on Curettag	<u>re</u>			
Medical (Surgio	cal) N	Menstrual Aspiration				☐ Medical	(Surgica	al) Mens	strual Aspir	ration			
☐ Medical (Surgio	cai) C	other (<i>Specify</i>)				Medical	(Surgica	ai) Otne	r (Specify)				
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	stion.		
	le or l	nave a post fertilization	age at least 20	weeks?			us viable Yes	_	a post ferti	ilization age at least	20 weeks?		
	_	as answered yes, compl	lete the following	ng questio	ns.	_	_		nswered ve	es, complete the follo	owing questions.		
		best opportunity to surv		8 1		1	•		·	y to survive?	& 1.		
Yes [Yes [_	оррогия	y to survive.			
		letermination that the pr								nat the pregnant wor			
that required the pr woman?	oced	ure to avert death or ser	ious impairmer	it to the pr	egnant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant		
Date last normal men	ngas l	negan		Physicia	n ectimet	e of gestation (in wooks)	Post for	rtilization age of the	fetus (in waaks)		
Date last normal men		oegan 1 0/02/2017		1 mysicia	ui cotiilidl	e of gestation ()	n weeks	,	1 081 161	runzation age of the 7	icius (in weeks)		
How were the gestat	ional	age and post fertilization	n age determin	ed?					1				
ULTRASOUND													
Full name of physici	_	rforming termination											
		orming termination (nu	mber and stree	t, city, stat	e, and zip	code)							
	-	ROAD, INDIANAPOL											
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day,	year):						_			

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Facility Name and Add PPIN-GEORGETOWN OR (PP	lress 'GI) - 85	990 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268	ity or t		ncy termination		County of pregnancy termination MARION
·		<u>.</u>							
24	Marrie [d ■ Yes 🔲 No	Date of pregn	ancy terminat 12/16/2017	tion	Educat	tion		ociate Degree
Race American Indian or Native Hawaiian or	Othe	r Pacific Islander	Asian White	☐ Black or ☐ Other	r Afric	an American	Unknown	■ Not I	y anic or Latino Hispanic or Latino
Live Births:	N	umber now living	2				Number now d	eceased	0
Other Terminations:	N	umber of spontaneous	s terminations				Number of ind	uced termi	nations 0
Dates of terminations (. 1. 11/2016		ot include this termina	tion. If more t	han six (6), th	ose m	ost recent.)	5		6
Fetus delivered alive?		If yes, length of tin		ed:				Complic	cation(s) of Pregnancy Termination
☐ Yes ■ No)						1	None	☐ Uterine Perforation
								Hemorrhag	e Cervical Laceration
Fetus viable?		If viable, medical r	eason for term	ination:					<u> </u>
☐ Yes ■ No)							nfection	☐ Retained Products
								Other (Spec	cify)
Pathological examination performed?	on	If yes, results:							
Yes No)						Did this	s termination	on of pregnancy result in a maternal death?
							☐ Ye		
				Type of	Termi	nation Procedur	es		
Procedure that Termina	ated P	regnancy				Additional Pr	ocedure that Ter	minated Pr	regnancy
		•				_			
Medical (NonsurgMedical (Nonsurg							(Nonsurgical) N (Nonsurgical) N		
☐ Medical (Nonsurg	ical)	Other (Specify)				☐ Medical	(Nonsurgical) (Other (Spec	ify)
Medical (Surgical)) Suc	tion Curettage				☐ Medical	(Surgical) Sucti	on Curetta	ge
Medical (Surgical) Medical (Surgical)) Mei	nstrual Aspiration				Medical	(Surgical) Mens	strual Aspi	ration
Medical (Surgical)) Oth	er (<i>Specify)</i>				Medical	(Surgical) Othe	г (зресіју)	
For Medical (Surgical)	proce	edures, answer the foll	owing question	on.		For Medical ((Surgical) proced	lures, answ	ver the following question.
Was the fetus viable o ☐ Yes ☐		e a post fertilization a	ige at least 20	weeks?			us viable or have Yes □ No	a post fert	tilization age at least 20 weeks?
If the previous question	ı was	answered yes, comple	ete the following	ng questions.		If the previou	s question was a	nswered y	es, complete the following questions.
Was the fetus given the Yes ☐		st opportunity to survi	ve?				us given the best	opportuni	ty to survive?
		manimation de da	ama-t:	had - 100	in-	_	_	male	hat the macons of account 1 1 1 22
What was the basis for that required the proc						that required			hat the pregnant woman had a condition ath or serious impairment to the pregnant
woman?						woman?			
L									
Date last normal mense	_			Physician e	stimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)
How were the gestation		14/2017	age determin	ed?		8			6
ULTRASOUND	.u. ag	e and post fertilization	i ugo uciciiiiii	.cu:					
<u> </u>									
Full name of physician DR. CASANDRA CAS									
Address of physician p	erforr	ning termination (nun		t, city, state, a	ınd zip	code)			
8590 GEORGETOWN	N KO	AD, INDIANAPOLIS	o, IN 46268						
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):					

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Facility Name and Add THE WOMEN'S MED CENTER INDIANAPOLIS, IN, 46219	(City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION					•					
Dationt's a **			Data of	anari ta	oti or	F-1	ntion:					
Patient's age** 40	Marrie [ed ☐ Yes ■ No	Date of pregna	ancy termina 2/15/2017		Educ	ation		Bach	elor's Degree		
Race American Indian or Native Hawaiian or	r Othe	r Pacific Islander	Asian White	Black o	or Africa	nn American		nknown ber now d	■ Not I	y anic or Latino Hispanic or Latino	Unknown	
Live Births:		umber now living	0							0		
Other Terminations:	N	umber of spontaneou	s terminations 0				Num	ber of ind	uced termi	nations 0		
Dates of terminations ((Do no					ost recent.)						
Fetus delivered alive?	2	If yes, length of tir				1		5	Complic	cation(s) of Pregnanc	v Termination	
Yes No		if yes, length of th	ne retus survive	a.				,		_	•	
		■ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration										
Fetus viable?	ination:				Č	<u> </u>						
☐ Yes ■ No							☐ Infection ☐ Retained Products					
		Other (Specify)										
Pathological examinati performed?												
Performed? ■ Yes □ No CHORIONIC VILLAE, GESTATIONAL SAC											lt in a maternal death?	
								☐ Ye	s 🔳 No	0		
				Type of	f Termin	nation Procedu	ires					
Procedure that Termina	ated P	regnancy				Additional F	rocedu	re that Ter	minated Pr	regnancy		
Medical (Nonsurg									// difepriston			
☐ Medical (Nonsurg ☐ Medical (Nonsurg									Aisoprostol Other (<i>Spec</i>			
Medical (Surgical	1) S nc	tion Curattaga				☐ Medica	(Surai	cal) Sucti	on Curetta	ge.		
☐ Medical (Surgical	l) Mer	nstrual Aspiration				Medica	(Surgi	cal) Mens	strual Aspi	ration		
Medical (Surgical	I) Oth	er (Specify)					(Surgi	cal) Othe	r (Specify)			
For Medical (Surgical)) proce	edures, answer the fol	lowing question	n.		For Medical	(Surgio	cal) proced	lures, answ	ver the following que	stion.	
Was the fetus viable ☐ Yes ■	or hav No	e a post fertilization	age at least 20 v	weeks?		_	tus viat Yes		a post fert	tilization age at least	20 weeks?	
If the previous question		answered ves compl	ete the followin	ng questions		_			newered w	es, complete the follo	owing questions	
				ig questions.	•	_	_		-	-	owing questions.	
Was the fetus given t ☐ Yes ☐		st opportunity to surv	ive?				tus give Yes		opportunit	ty to survive?		
What was the basis for	or dete	ermination that the pr	egnant woman l	had a condit	tion	What was	he basi	s for deter	mination t	hat the pregnant wor	nan had a condition	
that required the proc woman?	cedure	to avert death or seri	ous impairment	t to the pregi	nant	that require woman?	ed the p	rocedure t	o avert dea	ath or serious impair	ment to the pregnant	
Date last normal mense	es har	an an	Т	Physician	estimata	of gestation	in week	kg)	Post fo	ertilization age of the	fetus (in wooks)	
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 8 6								ious (in weeks)				
How were the gestational age and post fertilization age determined?									•			
ULTRASOUND EXA	MINA	TION, PELVIC EXA	AMINATION									
Evil nove of 1	- m -: C	main a to main of										
Full name of physician DR. JEFFREY D. GL	-	-										
Address of physician p		-		, city, state,	and zip	code)						
1201 N ARLINGTON	I AVE	, INDIANAPOLIS, I	N 46219									
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219			LIS - 1201 N AF	RLINGTON AVE,		City or to	own, of pregn	ancy ter		County of pregnancy termination MARION				
				1 -			1							
Patient's age** 27	Mar	ried Yes	■ No	Date of pregna	ancy termi 12/15/201		Educa	ation		ool Diploma or GED				
Race American Indian Native Hawaiian	or Otl	ner Pacific	Islander	Asian White	☐ Black ■ Other		n American			ty panic or Latino Hispanic or Latino 🔲 Unknown				
Live Births:		Number n	now living	2						0				
Other Termination Dates of termination	5.		•	us terminations 4	(6)	41		Num	ber of induced term	ninations 1				
1. 2012	s (<i>Do</i>	2. 2013	e inis termin	2014	ian six (0)		2015		52016	6				
Fetus delivered alive		If yes	, length of ti	me fetus survive	ed:				Compl	ication(s) of Pregnancy Termination				
☐ Yes ■ I	NO								■ None	☐ Uterine Perforation				
Fetus viable?		If via	ble, medical	reason for termi	ination:				Hemorrha	ge Cervical Laceration				
☐ Yes ■ I	No								☐ Infection	☐ Retained Products				
									Other (Sp.	ecify)				
Pathological examination performed? CHORIONIC VILLAE CESTATIONAL SAC														
■ Yes							Did this termination of pregnancy result in a maternal dea Yes No							
1							i i es • No							
					Туре	of Termin	ation Procedu	ıres						
Procedure that Terminated Pregnancy Type of Termination Procedures Additional Procedure								re that Terminated 1	Pregnancy					
☐ Medical (Nonsu	raical) Mifenri	stone				□ Medica	l (None	urgical) Mifepristo	one				
Medical (Nonsu Medical (Nonsu Medical (Nonsu	ırgical) Misopro	ostol					l (Nonsi	urgical) Misoprost urgical) Other (Spe	ol				
	ngicui) Other (E	pecgy				Wiedieu	(1 (0115)	urgreur) Guier (Spe					
Modical (Surais	(a1) C	vation Cum	untto an				☐ Madiaa	I (Cumai	aal) Suation Cumut	1000				
Medical (Surgion Medica	al) M	lenstrual A	Aspiration					l (Surgi	cal) Suction Curett cal) Menstrual Asp	piration				
☐ Medical (Surgio	al) O	ther (Spec	ify)				∐ Medica	l (Surgi	cal) Other (Specify)				
	-1)			11				(C:	-1\					
For Medical (Surgical Was the fetus viable)	_							_	-	wer the following question. rtilization age at least 20 weeks?				
	■ No		rerunzauon	age at least 20 V	weeks?		_	Yes [runzanon age at least 20 weeks?				
If the previous quest	ion wa	as answere	ed yes, comp	lete the followin	ng question	ns.	If the previo	us ques	tion was answered	yes, complete the following questions.				
Was the fetus given Yes			tunity to surv	vive?				tus give Yes [en the best opportur No	ity to survive?				
What was the basis that required the pr										that the pregnant woman had a condition eath or serious impairment to the pregnant				
woman?	ocedu	ie to aveit	death of set	ious impairmem	t to the pro	egnant	woman?	zu uie p	rocedure to avert di	eath of serious impairment to the pregnant				
Date last normal men		egan 0/20/201	7		Physicia	n estimate	of gestation (in week	Post i	fertilization age of the fetus (in weeks) 5				
How were the gestational age and post fertilization age determined?							•			<u> </u>				
ULTRASOUND EX	AMIN	IATION, I	PELVIC EX	AMINATION										
Full name of above:-:	on so	formina +	armination											
Full name of physici DR. JEFFREY D. G	LAZI	ER												
Address of physician 1201 N ARLINGTO	-				, city, state	e, and zip	code)							
		,	,											
**Date Reported t	o DC	S, if Patio	ent under 1	4 (month, day, y	vear):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF	NDIANAPOLIS - 1201 N ARI	LINGTON AVE,	C	City or t	own, of pregn	ancy tern			County of preg	nancy MAR	
Dationt's ag-**			Data of	anay tam-i-	ntion	red	ntion					
Patient's age** 22	Marr	ied □ Yes ■ No	Date of pregn	12/15/2017	ation	Educ	ation			ciate Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ White	Black of Other	or Africa	an American	☐ Unl	known		anic or Latino Hispanic or Latin	O	Unknown
Live Births:	1	Number now living	1				Numbe	er now d	eceased	0		
Other Termination	ıs:	Number of spontaneou	s terminations 0				Numbe	er of indu	uced termin	nations		
Dates of termination	is (Do i	not include this termina	ution. If more to			ost recent.)		5		6		
Fetus delivered alive	e?	If yes, length of tin							Complic	cation(s) of Pregn	ancy T	Cermination
☐ Yes ■	No							■ N	None	☐ U	terine I	Perforation
Fetus viable?		If viable, medical r	and an for town	in ation.		☐ Hemorrhage ☐ Cervical Laceration						Laceration
Yes •	No	ii viable, medicai i	eason for term	шаноп:				□ In	nfection	☐ Re	etained	Products
						☐ Other (Specify)						
Pathological examin performed?												
■ Yes No CHORIONIC VILLAE, GESTATIONAL SAC								Did this			esult i	n a maternal death?
Type of Termination Procedures												
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Terr	minated Pr	regnancy		
☐ Medical (Nonsu ☐ Medical (Nonsu ☐ Medical (Nonsu	urgical)						l (Nonsur	gical) M	Aifepriston Aisoprostol Other (Spec			
Medical (Surgion Medical (Surgio	cal) M	enstrual Aspiration				☐ Medica	l (Surgica	al) Mens	on Curetta strual Aspir (Specify)			
For Medical (Surgic	al) pro	cedures, answer the fol	lowing questic	on.		For Medical	(Surgical	l) proced	urec anew	er the following		on.
Was the fetus viab	le or ha	ave a post fertilization a	0 1			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [s answered yes, comple	ete the followi	ng questions		_	Yes	_	nswered ve	es, complete the f	followi	ng questions
Was the fetus give		est opportunity to survi		ng questions		Was the fe	•	the best	•	y to survive?	.0110 111	ng questions
What was the basis	s for de	termination that the prove to avert death or serio				What was	the basis	for deter		nat the pregnant with or serious imp		had a condition nt to the pregnant
Date last normal me	Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)											
10/10/2017 9											7	
How were the gestational age and post fertilization age determined? ULTRASOUND EXAMINATION, PELVIC EXAMINATION												
Full name of physician performing termination DR. JEFFREY D. GLAZER												
	-	rming termination (num E, INDIANAPOLIS, I		t, city, state, a	and zip	code)						
**Date Reported to DCS, if Patient under 14 (month, day, year):												

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Facility Name and A		S INDIANAPOLIS - 1201 N ARL	INCTON AVE	Cit	ty or to	own, of pregna	ncy termination	1	County of pregnar	ncy termination	
INDIANAPOLIS, IN, 46219	IEK OF	INDIANAPOLIS - 1201 N ARL	LINGTON AVE,			INDIAN	IAPOLIS		М	ARION	
Patient's age**	Marı	ried	Date of pregn	ancy terminati	ion	Educat	tion				
23 Race		Yes No		12/15/2017				Bach Ethnicit	nelor's Degree		
American Indian Native Hawaiian			Asian White	■ Black or ☐ Other	Africa	n American	Unknown	☐ Hisp	anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living		Oulei			Number now		0	CHRIOWII	
Other Termination	s:	Number of spontaneous					Number of in	duced termi			
Dates of termination	s (Do	not include this termina	v	, ,,		est recent.)					
Fetus delivered alive		If yes, length of tin		ad:	4	k	5		cation(s) of Pregnan	cv Termination	
Yes Yes		ir yes, length of thi	ile retus surviv	cu.				None	_	ine Perforation	
					☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable? Yes I	Nο	If viable, medical r	eason for term	nination:		☐ Infection ☐ Retained Products					
	. 10							Other (Spe	_	med Froducts	
Pathological examin	ation	If yes, results:						Outer (spe	cijy)		
performed? ■ Yes □	No	CHORIONIC VILL	LAE, GESTA	TIONAL SAC	С		Did th	is terminati	on of pregnancy res	ult in a maternal death?	
						es 🔳 N		un in a maternal death:			
				Type of T	<u>Fermin</u>	ation Procedur	res				
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that To	erminated P	regnancy		
☐ Medical (Nonsu☐ Medical (Nonsu☐							(Nonsurgical) (Nonsurgical)				
		Other (Specify)					(Nonsurgical)				
Medical (Surgio		enstrual Aspiration					(Surgical) Suc (Surgical) Mer				
Medical (Surgio							(Surgical) Oth				
For Medical (Surgical	al) pro	cedures, answer the foll	lowing questio	on.		For Medical (Surgical) proce	edures, ansv	ver the following que	estion.	
Was the fetus viabl ☐ Yes [ave a post fertilization a	age at least 20	weeks?			us viable or hav Yes	e a post fer	tilization age at leas	t 20 weeks?	
		s answered yes, comple	ete the following	na questions				answered v	es, complete the foll	owing questions	
		est opportunity to survi		ng questions.		•	as given the bes	·	•	owing questions.	
Yes [est opportunity to survi	ve?				res No	st opportuiii	ty to survive?		
		etermination that the prore to avert death or serio								man had a condition	
woman?	ocedu	re to avert death of serio	ous impairmen	it to the pregna	anı	woman?	u me procedure	to aven de	am or serious impair	ment to the pregnant	
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 7 5								e fetus (in weeks)			
10/01/2017 How were the gestational age and post fertilization age determined?											
ULTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of physici	an ner	forming termination									
Full name of physician performing termination DR. JEFFREY D. GLAZER											
	_	rming termination (nun E, INDIANAPOLIS, I		t, city, state, an	nd zip o	code)					
			<u> </u>								
**Date Reported t	o DC	S, if Patient under 14	(month, day,	year):					_		

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Facility Name and Add THE WOMEN'S MED CENTER INDIANAPOLIS, IN, 46219		IANAPOLIS - 1201 N ARI	LINGTON AVE,	C	City or to	wn, of pregna	-			County of pregnar	acy termination ARION	
Patient's age**		. 1	Date of pregna	ancy termina	tion	Educa	tion				1	
27	Married	Yes No		ancy termina 12/15/2017	ition	Educa	tion		Asso	ciate Degree		
Race American Indian or Native Hawaiian or			Asian White	■ Black or □ Other	r Africar	n American	☐ Unl	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	Nu	mber now living	2				Numb	er now d	eceased	0		
Other Terminations:	Nu	mber of spontaneou	s terminations 0				Numb	er of indu	uced termin	nations 1		
Dates of terminations (Do not		v			st recent.)						
1. 2016 Fetus delivered alive?	2.	If yes, length of tin	3		4.		1	5	Complic	ation(s) of Pregnan	cy Termination	
Yes No	,	ii yes, ieligiii oi iiii	ne retus survive	eu.				Complication(s) of Pregnancy Termination None Uterine Perforation				
Fetus viable?		If viable, medical r	eason for termi	ination:		Hemorrhage Cervical Laceration						
☐ Yes ■ No)								nfection	_	ned Products	
		Other (Specify)										
Pathological examination performed?												
■ Yes □ No	TIONAL SA			Did this			alt in a maternal death?					
									,	,		
Type of Termination Procedures												
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsurg ☐ Medical (Nonsurg	ical) N	/lisoprostol					(Nonsui	gical) M	Iifepriston Iisoprostol			
☐ Medical (Nonsurg	ical) (Other (Specify)				☐ Medical	(Nonsui	gical) O	ther (Speci	ify)		
Medical (Surgical)Medical (Surgical)									on Curettag			
Medical (Surgical)									(Specify)	ution		
For Medical (Surgical)	proced	lures, answer the fol	lowing question	n.		For Medical (Surgica	l) proced	ures, answ	er the following que	estion.	
Was the fetus viable of		a post fertilization a	age at least 20 v	weeks?					a post fert	ilization age at leas	20 weeks?	
☐ Yes ■	No						Yes	No				
If the previous question	ı was a	nswered yes, comple	ete the followin	ng questions.		If the previou	s questi	on was a	nswered ye	es, complete the foll	owing questions.	
Was the fetus given the State of State		opportunity to survi	ve?				us given Yes [opportunit	y to survive?		
What was the basis for		mination that the pre-	agnant woman	had a conditi	ion	_		_	mination th	not the prognent we	man had a condition	
that required the proc						that require					ment to the pregnant	
woman?						woman?						
			1									
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 8 6												
How were the gestational age and post fertilization age determined?												
ULTRASOUND EXAI	MINAT	TION, PELVIC EXA	AMINATION									
Evil normal field	mc :: r	min a tarrette d'										
Full name of physician DR. JEFFREY D. GL	-	-										
Address of physician p		-		, city, state, a	and zip c	rode)						
1201 N ARLINGTON	AVE,	INDIANAPOLIS, I	N 46219									
**Date Reported to	DCS,	if Patient under 14	(month, day, y	year):								

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	ddress fer of ini	DIANAPOLIS - 1201 N AR	RLINGTON AVE,		City or to	own, of pregna			Count		cy termination ARION
						•					
Patient's age** 21	Marrie [d Yes • No	Date of pregna	ancy terminal 2/15/201		Educa	tion		sociate [Degree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		nn American	☐ Un		spanic or I	Latino or Latino	☐ Unknown
Live Births:	Nı	umber now living	0				Numb	er now deceased		0	
Other Termination	s: Nu	ımber of spontaneou					Numb	er of induced ter	minations	0	
Dates of termination	s (Do no	t include this termin	ation. If more th	an six (6),	those mo	ost recent.)		5		6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:		Complication(s) of Pregnancy Termination					
	110							■ None			ne Perforation
Fetus viable?		If viable, medical	reason for termi	ination:	Hemorrhage Cervical Laceration						
☐ Yes ■ I	No							☐ Infection		☐ Retaii	ned Products
Pathological examin	ation	If yes, results:			Other (Specify)						
performed? • Yes	SAC	Did this termination of pregnancy result in a maternal d									
						No No	egnancy resu	it in a material death.			
True of To						4' D 4					
Procedure that Term	inated Dr	ragnancy		Type	of Termin	Additional Pr		that Terminated	Dragnance	.,	
										y	
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)											
Medical (Surgion Medical (Surgio	al) Men	strual Aspiration					(Surgic	al) Suction Cure al) Menstrual As al) Other (Specif	piration		
For Medical (Surgical	al) proce	dures, answer the fo	llowing question	n.		For Medical (Surgica	ıl) procedures, an	swer the fo	ollowing que	stion.
Was the fetus viable Yes		e a post fertilization	age at least 20 v	weeks?			us viabl Yes [e or have a post f No	ertilizatior	age at least	20 weeks?
If the previous quest	ion was a	answered yes, comp	lete the followin	g question	ıs.	If the previou	s questi	on was answered	yes, comp	olete the follo	owing questions.
Was the fetus given ☐ Yes ☐		t opportunity to surv	vive?				us given Yes [the best opportule. No	nity to sur	vive?	
What was the basis that required the pr woman?	s for dete rocedure	rmination that the proto avert death or ser	regnant woman l ious impairment	had a cond t to the pre	lition egnant						nan had a condition ment to the pregnant
Date last normal men	_	nn 13/2017		Physician	n estimate	of gestation (i	n weeks	Post	fertilizatio	on age of the	fetus (in weeks)
How were the gestat	_	=	-	ed?				1			
Full name of physici DR. JEFFREY D. G	SLAZER										
Address of physician 1201 N ARLINGTO	_	-		, city, state	e, and zip	code)					
**Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	ddress TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	С	•		ncy termination		County of pregnancy termination MARION		
			1								
Patient's age** 24	Marrie [d Yes No	Date of pregnan	ncy terminat 2/15/2017	tion	Educat			ol Diploma or GED		
Race American Indian Native Hawaiian			☐ Asian [☐ White	■ Black or	r African Ame	erican	Unknown		unic or Latino Hispanic or Latino		
Live Births:		umber now living	2				Number now de		0		
Other Termination	s: N	umber of spontaneo					Number of indu	iced termin	-		
Dates of termination					ose most rece	nt.)			<u> </u>		
Fetus delivered alive		If yes, length of ti			4		5	Complic	ration(s) of Pregnancy Termination		
Yes •		ii yes, lengui oi u	ine retus survived	1.				lone	Uterine Perforation		
Fetus viable?		If viable, medical	reason for termina	nation:				Iemorrhage	e Cervical Laceration		
☐ Yes ■	No						☐ Ir	nfection	☐ Retained Products		
								Other (Spec	ify)		
Pathological examin performed?	ation	If yes, results:									
■ Yes □	No	CHORIONIC VIL	LAE, GESTATI	IONAL SA	Did this termination of pregnancy result in a material de						
					☐ Yes ■ No						
				Type of	Termination I	Procedur	es				
Procedure that Term	inatad D	ragnangy		1) pe or			ocedure that Terr	ninatad Dr	ognonav.		
_											
☐ Medical (Nonsu☐ Medical (Nonsu	irgical)	Misoprostol			□ N	Medical	(Nonsurgical) M (Nonsurgical) M	lisoprostol			
☐ Medical (Nonsu	ırgical)	Other (Specify)				Medical	(Nonsurgical) O	ther (Speci	ify)		
Medical (Surgio							(Surgical) Suction				
Medical (Surgio		nstrual Aspiration er (Specify)					(Surgical) Mens (Surgical) Other		ration		
For Medical (Surgic	al) proce	dures, answer the fo	ollowing question.		 For M	ledical (Surgical) proced	ures, answ	er the following question.		
-	_	e a post fertilization				`		*	ilization age at least 20 weeks?		
_	■ No					_ \ \	_				
If the previous quest		, ,	C	g questions.		•	•	•	es, complete the following questions.		
was the letus give		st opportunity to surv	vive?		was		us given the best Yes \(\subseteq \text{No}	opportunit	y to survive?		
		ermination that the p to avert death or ser							nat the pregnant woman had a condition th or serious impairment to the pregnant		
woman?	ocedure	to avert death of ser	ious impairment t	to the pregn		nan?	a me procedure u	aven dea	an or serious impairment to the pregnant		
Date last normal me	nses beg	an	1	Physician e	stimate of ges	tation (i	n weeks)	Post fer	rtilization age of the fetus (in weeks)		
		17/2017			8	3			6		
How were the gestat ULTRASOUND EX	_	_	_	1?							
Full name of physician performing termination DR. JEFFREY D. GLAZER											
Address of physician performing termination (number and street, city, state, and zip code)											
1201 N ARLINGTO	_	-		· · · · ·							
**Date Reported t	to DCS,	if Patient under 1	4 (month, day, yea	ear):					-		

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Patient's age** 19	Marrie [d ☐ Yes ■ No	Date of pregnar	ncy termin 2/15/2017		Educa	tion			n, No Diploma	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black □ Other	or African	American	☐ Un			nic or Latino	
Live Births:	N	umber now living	0				Numb	er now deceas	sed	0	
Other Termination	s: N	umber of spontaneou					Numb	er of induced	termina	-	
Dates of termination	s (Do no	t include this termin	ation. If more tha	an six (6),	those mos	t recent.)		5		6	
Fetus delivered alive		If yes, length of ti	ne fetus survived	d:				Co	mplica	tion(s) of Pregnancy Termination	
	140							■ None		☐ Uterine Perforation	
Fetus viable?		If viable, medical	reason for termin	nation:	Hemorrhage Cervical Laceration						
Yes I	No				☐ Infection ☐ Retained Products						
					Other (Specify)						
Pathological examin performed?	ation	If yes, results:									
■ Yes □	IONAL S	AC				ninatior No	n of pregnancy result in a maternal deat				
				Type o	of Termina	tion Procedu	res				
Procedure that Term	inated Pr	regnancy				Additional Pr	ocedure	that Termina	ted Pre	gnancy	
☐ Medical (Nonsu ☐ Medical (Nonsu								rgical) Mifep rgical) Misop			
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)											
	cal) Men	strual Aspiration				Medical	(Surgic	al) Suction Cal) Menstrual	Aspira		
☐ Medical (Surgio	cal) Othe	er (Specify)				☐ Medical	(Surgic	al) Other (Spe	ecify)		
For Medical (Surgic	al) proce	dures, answer the fo	lowing question			For Medical (Surgica	ıl) procedures	answe	r the following question.	
	_	e a post fertilization								ization age at least 20 weeks?	
Yes [-4- 41 C-11	- :		_	Yes [4	and the fellowing and the	
If the previous quest		t opportunity to surv	_	g questions	s	•	•	the best oppo	•	, complete the following questions.	
Yes [t opportunity to surv	140.				Yes [ntunity	to survive.	
		rmination that the pr								at the pregnant woman had a condition h or serious impairment to the pregnant	
woman?						woman?					
Date last normal me	nses heg	an	1	Physician	estimate o	of gestation (i	n weeks	;) P	ost fert	ilization age of the fetus (in weeks)	
	09/	19/2017		•		11				9	
How were the gestat ULTRASOUND EX	_	=	-	1?							
		·									
Full name of physici											
Address of physician	n perforn	ning termination (num		city, state,	and zip co	ode)					
1201 N ARLINGTO	ON AVE,	, INDIANAPOLIS,	IN 46219								
**Date Reported t	to DCS,	if Patient under 1	4 (month, day, ye	ear):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/18/2017

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad THE WOMEN'S MED CENTI INDIANAPOLIS, IN, 46219	ddress ER OF I	NDIANAPOLIS - 1201 N ARL	LINGTON AVE,	City or		ancy termination		County of pregnancy termination MARION			
Dationt's assats			Data of mar-	any tormination	rd	tion					
Patient's age** 31	Marri	ied □ Yes ■ No	Date of pregnar	2/15/2017	Educa	.tion	Mast	er's Degree			
Race American Indian	or Oth	er Pacific Islander	=	Black or Afric	can American	Unknown	Not Hi	nic or Latino Unknown			
Live Births:		Number now living	2			Number now de		0			
Other Terminations	s: 1	Number of spontaneous	s terminations 0			Number of indu	iced termina	ations 0			
Dates of terminations	s (Do n	ot include this termina	*	n six (6), those n	nost recent.)						
I	<u> </u>	If yes, length of tin	3		4	5	Complica	ation(s) of Pregnancy Termination			
Fetus delivered alive: Yes N		if yes, length of thi	ne retus surviveo	i.			_				
							■ None ☐ Uterine Perforation				
Fetus viable?		If viable, medical r	eason for termin	ation:			Iemorrhage	Cervical Laceration			
Yes N	Мо					☐ It	nfection	☐ Retained Products			
							ther (Speci	fy)			
Pathological examina performed?	ation	If yes, results:									
Yes \(\Bar{\text{N}} \)	No	CHORIONIC VILI	Did this	termination	n of pregnancy result in a maternal death?						
					☐ Yes	■ No					
				Type of Term	ination Procedu	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsur						(Nonsurgical) M					
Medical (Nonsur					☐ Medical ☐ Medical	(Nonsurgical) M (Nonsurgical) O	lisoprostol ther (<i>Specif</i>	Sy)			
	8 ,	(-1. (-1. 33)				(8 , .	(-1-3)	<i>,</i> ,			
	1) 0					(0 1 1) 0 1					
	al) Me	enstrual Aspiration			☐ Medical	(Surgical) Suction (Surgical) Mens	trual Aspira				
Medical (Surgical	al) Ot	her (Specify)			☐ Medical	(Surgical) Other	(Specify)				
For Medical (Surgica	ıl) proc	cedures, answer the foll	lowing question.		For Medical	(Surgical) proced	ures, answe	er the following question.			
Was the fetus viable	e or ha	we a post fertilization a	ige at least 20 w	eeks?	Was the fet	us viable or have	a post fertil	lization age at least 20 weeks?			
☐ Yes ■	No					Yes No					
If the previous question	on was	s answered yes, comple	ete the following	questions.	If the previou	is question was ar	nswered yes	s, complete the following questions.			
		est opportunity to survi	ve?			us given the best	opportunity	to survive?			
☐ Yes ☐	_					Yes No					
		termination that the pro e to avert death or serio						at the pregnant woman had a condition h or serious impairment to the pregnant			
woman?			1	1 0	woman?	1					
					1						
Date last normal men	Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)										
How were the costoti		9/12/2017 ge and post fertilization	age determined	19	13			11			
_		ATION, PELVIC EXA	_	.:							
Full name of physicia DR. JEFFREY D. G											
	-	rming termination (nun		city, state, and zip	p code)						
1201 N ARLINGTO	n AVI	E, INDIANAPOLIS, I	N 46219								
**Date Reported to	o DCS	S, if Patient under 14	(month, day, ye	ar):							

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or t		ncy termination		County of pregnancy termination MARION		
Patient's age** 31	Marrie	d ■ Yes 🗌 No	Date of pregnancy terr 12/15/20		Educat	tion		ociate Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ Bla ■ White ☐ Oth		an American	Unknown		y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living	4			Number now o	deceased	0		
Other Termination	s: N	umber of spontaneou	s terminations 0			Number of inc	luced termi	nations 2		
Dates of termination		ot include this termina 2012	ation. If more than six (6	6), those mo	ost recent.)	5		6		
Fetus delivered alive		If yes, length of tin	ne fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	No					■	None	☐ Uterine Perforation		
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	e Cervical Laceration		
☐ Yes ■	No				☐ Infection ☐ Retained Products					
							Other (Spe	cify)		
Pathological examin performed?	ation	If yes, results:								
■ Yes □	LAE, GESTATIONAL	Did this termination of pregnancy result in a maternal do								
						L Ye	s <u>I</u> N	0		
			Тур	e of Termin	nation Procedur	res				
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Te	rminated P	regnancy		
☐ Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsurgical) 1	Mifepriston	e		
Medical (Nonsu Medical (Nonsu	rgical)	Misoprostol Other (Specify)			☐ Medical ☐ Medical	(Nonsurgical) I (Nonsurgical)	Misoprosto Other (<i>Spec</i>	l ify)		
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) Suct	ion Curetta	nge		
	cal) Mer	strual Aspiration			☐ Medical	(Surgical) Men (Surgical) Othe	strual Aspi	ration		
	,	(-1 - 33)				(8)	(-r-35)			
For Medical (Surgic	al) proce	edures, answer the fol	lowing question.		For Medical (Surgical) proce	dures, answ	ver the following question.		
	_		age at least 20 weeks?					tilization age at least 20 weeks?		
☐ Yes [■ No	•			_ \ \	Yes No	•	•		
			ete the following questi	ons.	-	-	·	es, complete the following questions.		
Was the fetus give ☐ Yes [st opportunity to surv	ive?			us given the bes Yes \text{No}	t opportuni	ty to survive?		
			egnant woman had a co					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	occurre	to avert doubt of sen	ous impunitions to use p	rognam	woman?	a the procedure	to avert de	and of serious impuriment to the pregnant		
					<u> </u>					
Date last normal me	_	an 31/2017	Physici	an estimate	e of gestation (ii	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestational age and post fertilization age determined?							1	•		
ULTRASOUND EX	AMINA	TION, PELVIC EX	AMINATION							
Full name of physici	ian perfo	rming termination								
DR. JEFFREY D. C	SLAZEF	₹	where we have to the		1-)					
1201 N ARLINGTO	_	-	nber and street, city, sta N 46219	ite, and zip	code)					
**Date Reported to DCS, if Patient under 14 (month, day, year):										
**Date Reported t	to DCS,	if Patient under 14	! (month, day, year):					_		

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF I	NDIANAPOLIS - 1201 N AR	LINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy term MARION								
Patient's age**	Marri		Date of pregnancy term		Educa	tion		٨٥٥٠	ociato Dogge			
Race		Yes No	12/15/20		<u> </u>			Ethnicity				
☐ American Indian ☐ Native Hawaiian	or Oth	er Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe	k or African Ai er	merican		known	■ Not I	anic or Latino Hispanic or Latin	D	Unknown	
Live Births:		Number now living	0				er now d		0			
Other Termination	3.	Number of spontaneou	0			Numb	er of ind	uced termi	nations 0			
Dates of termination	s (Do n		ation. If more than six (6		ecent.)		5.		6.			
Fetus delivered alive	?	If yes, length of time						Compli	cation(s) of Pregn	ancy T	ermination	
☐ Yes ■ 1	No						• 1	None	☐ U	terine P	erforation	
F		TC ' 11 1' 1					□ I	Hemorrhag	e 🔲 Co	ervical l	Laceration	
Fetus viable? Yes	No	If viable, medical	reason for termination:				I	nfection	☐ Ro	etained	Products	
								Other (Spec	cify)			
Pathological examin	ation	If yes, results:										
performed? • Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC			Did thi	s terminati	on of pregnancy i	esult in	a maternal death?	
							☐ Ye					
			Туре	of Termination	n Procedu	res						
Procedure that Term	inated	Pregnancy		Ade	ditional Pr	ocedure	that Ter	minated P	regnancy			
Medical (Nonsu								Mifepriston Misoprosto				
		Other (Specify)						Other (Spec				
Medical (Surgio				<u>-</u> -				on Curetta				
Medical (Surgio		enstrual Aspiration her (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) proc	edures, answer the fo	llowing question.	For	Medical ((Surgica	ıl) proced	lures, answ	er the following	questio	n.	
		ve a post fertilization	age at least 20 weeks?	W				a post fer	tilization age at le	ast 20	weeks?	
	■ No	s answered ves comp	ete the following question	ons If the	_	Yes [_	nswered v	es, complete the f	followin	ng questions	
Was the fetus give	n the be	est opportunity to surv			Vas the fet	us given	the best	-	ty to survive?	, , , , , , , , , , , , , , , , ,	6 1ouo	
	☐ No				_	Yes [_					
			regnant woman had a contous impairment to the pr						hat the pregnant wath or serious imp			
woman?			·	-	roman?	1			Ī			
				I	_							
Date last normal me		gan)/19/2017	Physicia	an estimate of g	gestation (i	in weeks	·)	Post fe	rtilization age of	the fetu	ıs (in weeks)	
_	ional a	ge and post fertilization	=									
ULTRASOUND EX	AMIN	ATION, PELVIC EX	AMINATION									
Full name of physici	an nerf	orming termination										
DR. JEFFREY D. G	SLAZE	R										
	-	ming termination (number INDIANAPOLIS,	mber and street, city, stat	te, and zip code	?)							
		_,										
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day, year):						_			

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	ddress ER OF	INDIANAPOLIS - 1201 N ARI	City	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION								
,				•		_	_					
Patient's age** 27	Marr	ied □ Yes ■ No		ancy termination 2/15/2017	Edu	cation	Hi		ol Diploma or GED			
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	☐ Black or Af	rican American	Un Un	ıknown	Not H	unic or Latino Hispanic or Latino			
Live Births:		Number now living	0			Numb	per now de	eceased	0			
Other Termination	s:	Number of spontaneous				Numb	per of indu	iced termin	nations			
Dates of termination	s (Do i	not include this termina	tion. If more th	an six (6), those	most recent.)				0			
1		2	3		4		5		6			
Fetus delivered alive		If yes, length of tin	ne fetus survive	ed:			■ N	Complic	ation(s) of Pregnancy Termination Uterine Perforation			
								T 1				
Fetus viable?		If viable, medical r	eason for termi	nation:				Iemorrhage				
☐ Yes ■ 1	No						☐ Ir	nfection	Retained Products			
								Other (Spec	rify)			
Pathological examina	ation	If yes, results:										
performed? • Yes • 1	NI o	CHORIONIC VILI	AF GESTAT	TIONAL SAC			D:1.1:					
i res	NO	OHORIONIO VIEL	LAL, OLUTA	IIONAL OAO			Did this Yes		on of pregnancy result in a maternal death?			
				Type of Ter	mination Procee	dures						
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Procedure that Term	inated	Pregnancy			Additional Procedure that Terminated Pregnancy							
Medical (Nonsu								lifepriston				
☐ Medical (Nonsu☐ Medical (No		Other (Specify)						lisoprostol ther (<i>Speci</i>				
Medical (Surgic		ection Curettage enstrual Aspiration						on Curettaş trual Aspir				
Medical (Surgic					☐ Medic	cal (Surgic	al) Other	(Specify)				
For Medical (Surgical	al) pro	cedures, answer the following	lowing question	1.	For Medical (Surgical) procedures, answer the following question.							
	_	ave a post fertilization a			Was the fetus viable or have a post fertilization age at least 20 weeks?							
Was the letus viable Yes	_	ive a post fertifization a	ige at least 20 v	veeks?		Yes [a post tert	inzation age at least 20 weeks?			
If the previous questi	ion wa	s answered yes, comple	ete the followin	g questions.	If the previ	ious questi	ion was ar	nswered ye	es, complete the following questions.			
Was the fetus giver ☐ Yes ☐		est opportunity to survi	ve?			fetus giver] Yes [opportunit	y to survive?			
What was the basis	for de	termination that the pro-	egnant woman l	had a condition	What was	s the basis	for deteri	mination th	nat the pregnant woman had a condition			
that required the pr		re to avert death or serie			that requi				th or serious impairment to the pregnant			
woman?					woman?							
Date last normal mer		-		Physician estin	nate of gestation	ı (in week	s)	Post fe	rtilization age of the fetus (in weeks)			
How were the gestati	0/28/2017 ge and post fertilization	age determine	nd?	6				4				
_		ATION, PELVIC EXA	_									
Full name of physici	_	-										
		rming termination (nun	nber and street,	city, state, and	zip code)							
	-	E, INDIANAPOLIS, I										
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):											

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Dations 2			D-4- C		-4:	l m i	-4:-							
Patient's age** 39	Mar	ried ☐ Yes ■ No	Date of pregn	ancy termin 12/15/2017		Educ	ation			ociate Degree				
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black	or Afric	an American		nknown	■ Not I	y anic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	1				Numl	ber now d	eceased	0				
Other Termination	s:	Number of spontaneou	s terminations				Numl	ber of ind	uced termi	nations 0				
Dates of termination 1. 2014	s (Do	not include this termino		han six (6), i		ost recent.)		5		6				
Fetus delivered alive	?	If yes, length of tir	ne fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■	No							• 1	None	☐ Uterii	ne Perforation			
									Hemorrhag	e \square Cervi	cal Laceration			
Fetus viable?	NT _	If viable, medical	reason for term	ination:					Č					
☐ Yes ■	NO							_	nfection	_	ned Products			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	AC			Did thi			It in a maternal death?			
								☐ Ye	s 🔳 No	0				
				Type o	of Termination Procedures									
Procedure that Term	inated	Pregnancy				Additional F	rocedur	e that Ter	minated Pr	regnancy				
☐ Medical (Nonsu	ırgica) Mifepristone				☐ Medica	l (Nonsu	ırgical) N	//////////////////////////////////////	e				
☐ Medical (Nonsu	ırgica					☐ Medica	l (Nonst	irgical) N	Aisoprostol Other (Spec	1				
Wedical (Nollst	iigica) Other (specify)				iviedica	i (ivolist	iigicai) C	other (spec	.(yy)				
		uction Curettage							on Curetta					
Medical (Surgio		Ienstrual Aspiration other (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)									
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing questio	nn		For Medical	(Surgic	al) proced	lures answ	ver the following que	 stion			
										• •				
	e or r ■ No	ave a post fertilization	age at least 20	weeks?			Yes [a post tert	tilization age at least	20 weeks?			
If the previous quest	ion w	as answered yes, compl	ete the followir	ng questions	S.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.			
Was the fetus give: ☐ Yes [pest opportunity to surv	ive?				tus give Yes [_	opportunit	ty to survive?				
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was	the basis	s for deter	mination t	hat the pregnant wor	nan had a condition			
that required the pr		ire to avert death or seri				that requir				ath or serious impair				
woman?						woman?								
Date last normal me		egan 9/21/2017		Physician	estimate	e of gestation	in week	s)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestat		age and post fertilization	n age determin	ed?		0				0				
=		IATION, PELVIC EX	_											
Full name of physici	_	forming termination ER												
	-	orming termination (nur		t, city, state,	and zip	code)								
1201 N AKLINGTO	'N A\	E, INDIANAPOLIS, I	IIV 40219											
**Date Reported t	o DC	S, if Patient under 14	4 (month, day, 3	year):					_					

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Patient's age**	Marri	ed □ Yes ■ No	Date of pregnancy term		Educa	tion		04h 40	th No Dialam	12	
Race American Indian			12/15/20° ☐ Asian ■ Blac	k or African A	merican			Ethnicity	th, No Diplom y anic or Latino	ıa	
Native Hawaiian	or Oth		White Othe		increan		known er now d	■ Not I	Hispanic or Lati	no	Unknown
Live Births: Other Termination		Number of spontaneou	s terminations			Numb	er of ind	uced termi			
		ot include this termin	0 ation. If more than six (6)), those most r	ecent.)				0		
1			3	4			5	Compli	cation(s) of Preg		Tompination
Fetus delivered alive		If yes, length of ti	me fetus survived:						_	•	Perforation
Fetus viable? Yes	No	If viable, medical	reason for termination:					Hemorrhag Infection			l Laceration d Products
les 🕒	NO								_	Ketame	u Products
Pathological examin	ation	If yes, results:						Other (Spec	cijy)		
performed?			LAE, GESTATIONAL	SAC			D:14:	- 4		14	:
ii ies ii	110						Yes			result	in a maternal death?
			Type	of Termination	on Procedu	res					
Procedure that Term		•		Ac	lditional Pr	ocedure	that Ter	minated P	regnancy		
Medical (Nonsu Medical (Nonsu								Mifepriston Misoprosto			
		Other (Specify)						Other (Spec			
Medical (Surgio		ction Curettage enstrual Aspiration						on Curetta strual Aspi			
Medical (Surgio				=	Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.	Fo	r Medical ((Surgica	l) proced	lures, answ	ver the following	g questi	on.
	le or ha No	ve a post fertilization	age at least 20 weeks?	\		us viabl Yes [a post fer	tilization age at	least 20) weeks?
If the previous quest	ion was	answered yes, compl	ete the following question	ons. If	the previou	ıs questi	on was a	nswered y	es, complete the	follow	ing questions.
	n the be	est opportunity to surv	ive?	,		us given Yes [opportuni	ty to survive?		
			regnant woman had a con lous impairment to the pr								n had a condition ent to the pregnant
woman?	. ooouii	- 10 a core doddi Or ser	impunment to the pr	_	woman?	are pro	Guit (.s avoit de	or sorrous III	-Pan 1110	to ale pregnant
Date last normal me		gan /01/2017	Physicia	an estimate of	gestation (i	n weeks	:)	Post fe	ertilization age o	of the fe	tus (in weeks)
_	ge and post fertilization										
ULIKASOUND EX	AMINA	ATION, PELVIC EX	AMINATION								
Full name of physic	ian perf	orming termination									
DR. JEFFREY D. C	SLAZE	R	whom are distance is the	to and -:	al						
	-	ming termination (nui E, INDIANAPOLIS,	mber and street, city, stat IN 46219	e, ana zip cod	e)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day, year):								
. г		,							_		

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF	INDIANAPOLIS - 1201 N ARI	LINGTON AVE,		City or town, of pregnancy termina INDIANAPOLIS									
Patient's age**	Marr	ied	Date of pregn	nancy termina	ation	Educa	tion							
28	Marr	Yes No		12/15/2017	ation	Educa		Hi	_	ol Diploma	or GEI)		
Race American Indian Native Hawaiian			Asian White	Black o	or Afric	an American	Unkno		Not I	7 anic or Latino Hispanic or La	tino	Unknown		
Live Births:		Number now living	3				Number 1	now de	eceased	0				
Other Termination	ıs:	Number of spontaneou	s terminations 1				Number	of indu	ced termi	nations 5				
Dates of termination	ns (Do	not include this termind 2. 2017	ation. If more t			ost recent.) 4. 2009		_{5.} _ 2 (012		_{6.} 2011			
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ved:					Compli	cation(s) of Pre	egnancy	/ Termination		
l les	INO							■ N	one		Uterin	e Perforation		
Fetus viable?		If viable, medical i	eason for term	nination:				□ н	emorrhag	e 🗆	Cervic	al Laceration		
☐ Yes ■	No							☐ In	nfection		Retain	ed Products		
								□ O	ther (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL SA	AC		D	id this			y resul	t in a maternal death		
									<u>-</u> 110	<u> </u>				
				Type of	Termi	nation Procedur	es							
Procedure that Term	inated	Pregnancy				Additional Procedure that Terminated Pregnancy								
☐ Medical (Nonsu							(Nonsurgio							
Medical (Nonsu	urgical					☐ Medical	(Nonsurgio (Nonsurgio	cal) M	isoprosto	l				
ivicultar (Ivonst	ingicai,	Office (Specify)				Wiedlean	(140iisuigie	cai) O	шсі (Брес	99)				
Madical (Symple	aal) Cu	action Cymattaga												
	cal) M	enstrual Aspiration												
Medical (Surgio	cai) Oi	ner (Specify)				☐ Medical (Surgical) Other (Specify)								
For Medical (Surgic	al) pro	cedures, answer the fol	lowing questic	nn .		For Medical (Surgical) procedures, answer the following question.								
		ave a post fertilization a	0 1			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
Yas the letus viao	■ No	ive a post fertilization t	age at least 20	weeks.			res \[\] \		a post teri	inzuron uge u	t roust 2	to weeks.		
If the previous quest	tion wa	s answered yes, comple	ete the followi	ng questions.	Ē	If the previou	s question	was ar	iswered yo	es, complete th	e follo	wing questions.		
	n the b	est opportunity to survi	ive?				us given the Yes		opportuni	y to survive?				
		etermination that the pr										an had a condition		
that required the property woman?	rocedu	re to avert death or seri	ous impairmer	nt to the pregi	nant	that required woman?	d the proce	dure to	avert dea	th or serious i	mpairn	nent to the pregnant		
Date last normal me		-		Physician 6	estimate	e of gestation (i	n weeks)		Post fe	rtilization age		fetus (in weeks)		
How were the gestat		NKNOWN ge and post fertilization		9					7					
ULTRASOUND EX	AMIN	ATION, PELVIC EXA	AMINATION											
Full name of physicion DR. JEFFREY D. C														
	-	rming termination (num		t, city, state, o	and zip	code)								
1201 N ARLINGTO	ON AV	E, INDIANAPOLIS, I	N 46219											
**Date Reported t	to DC	S, if Patient under 14	l (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		S INDIANAPOLIS - 1201 N AR	(City or town, of pregnancy termination County of pregnancy term INDIANAPOLIS MARION					·					
70 / A I			D. C.			1 = -								
Patient's age** 23	Mar	ried Yes I No	Date of pregnar	ncy termin 2/15/2017		Educa	tion	н		ol Diploma or GE	D			
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	Black of Other	or Africa	an American		ıknown	■ Not I	7 anic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	2				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations 1				
Dates of termination _{1.} 2016	s (Do	not include this termina	ation. If more tha	an six (6), t	those mo	ost recent.)		5		6				
Fetus delivered alive	?	If yes, length of tin	me fetus survived	d:					Complic	cation(s) of Pregnand	cy Termination			
☐ Yes ■ 1	No							■ N	None	☐ Uteri	ne Perforation			
									Hemorrhag	e \square Cervi	cal Laceration			
Fetus viable?	ντ	If viable, medical	reason for termin	nation:						_				
☐ Yes ■ 1	NO								nfection	_	ned Products			
									Other (Spec	cify)				
Pathological examination performed?	ation	If yes, results:												
Yes •	No							Did this			alt in a maternal death?			
								☐ Yes	s 🔳 No	0				
				Type of	f Termin	nation Procedu	res							
Procedure that Term	inated	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy				
Medical (Nonsu	rgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e				
Medical (Nonsu) Misoprostol) Other (Specify)				☐ Medical	(Nonsu	rgical) M	Aisoprostol Other (Spec	Į.				
	irgica) Other (Speedy)				Wiediean	(1101130	ingical) C	other (Spee)	937				
Medical (Surgic		uction Curettage Ienstrual Aspiration							on Curetta					
Medical (Surgic					☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)									
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing question.			For Medical (Surgical) procedures, answer the following question.								
	_	ave a post fertilization								tilization age at least				
Yes [age at least 20 w	eeks!			Yes [_	a post tert	inization age at least	20 weeks:			
If the previous quest	ion w	as answered yes, compl	ete the following	g questions	S.	If the previou	ıs quest	ion was a	nswered ye	es, complete the foll	owing questions.			
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				us givei Yes [_	opportunit	ty to survive?				
What was the basis	for d	etermination that the pr	egnant woman h	nad a condi	ition	What was t	he basis	for deter	mination th	hat the pregnant wor	nan had a condition			
that required the pr		re to avert death or seri				that require					ment to the pregnant			
woman?						woman?								
Date last normal mer		egan 0/16/2017		Physician	estimate	e of gestation (in week.	s)	Post fe	rtilization age of the	fetus (in weeks)			
How were the gestat		age and post fertilization	n age determined	d?						<u> </u>				
ULTRASOUND EX			<u>.</u>											
Full name of physici DR. JEFFREY D. G	_	-												
= -	-	orming termination (num		city, state,	and zip	code)								
1201 N ARLINGTO	'N A\	L, INDIANAPOLIS,	114 402 13											
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):													

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	Ci	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termina MARION	ation					
	1												
Patient's age** 28	Marrie [d Yes • No		ancy terminat 12/15/2017	ion	Educat	ion	н	igh Scho	ol Diploma or GED			
Race American Indian Native Hawaiian	or Other		Asian White	Black or Other	African Amer	ican	Unkr			nic or Latino	Jnknown		
Live Births:			1							0			
Other Termination	is:	umber of spontaneo	0				Numbei	r or indi	uced termir	0			
Dates of termination			nation. If more to			t.)		_ 5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:						ation(s) of Pregnancy Termin			
									None Hemorrhage	☐ Uterine Perfora			
Fetus viable?		If viable, medical	reason for term	ination:					C	_			
☐ Yes ■	No								nfection Other (Spec	Retained Produ	cts		
Pathological examin	ation	If yes, results:							Julei (Spec	gy)			
performed?	iation				_								
■ Yes	No	CHORIONIC VIL	LAE, GESTA	TIONAL SA	<u> </u>			Did this ☐ Yes		on of pregnancy result in a ma	ternal death?		
				Type of T	Termination Pr	rocedure	es						
Procedure that Term	ninated Pr	regnancy			Additio	onal Pro	ocedure t	hat Teri	minated Pr	egnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								
Medical (Nonst	argical) (Other (Specify)							Other (Speci	fy)			
Medical (Surgio		ion Curettage strual Aspiration			— <u> </u>	ledical ((Surgical) Suction	on Curettag	ge			
Medical (Surgio					☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgic	al) proce	dures, answer the fo	ollowing question	on.	For Me	edical (S	Surgical)	proced	lures, answ	er the following question.			
Was the fetus viab ☐ Yes [e a post fertilization	age at least 20	weeks?	Was		is viable		a post fert	lization age at least 20 weeks	?		
If the previous quest	tion was a	answered yes, comp	lete the following	ng questions.	If the p	orevious	s questio	n was a	nswered ye	s, complete the following que	estions.		
Was the fetus give ☐ Yes [_	t opportunity to surv	vive?		Was		ıs given t		opportunit	y to survive?			
What was the basis	s for dete	rmination that the p	regnant woman	had a condition	on What	t was th	e basis fo	or deter	mination th	nat the pregnant woman had a	condition		
that required the process woman?	rocedure	to avert death or ser	rious impairmen	nt to the pregna	ant that r	-	l the proc	cedure t	o avert dea	th or serious impairment to th	e pregnant		
Date last normal me	_	an 27/2017		Physician es	stimate of gesta	ation (ir	n weeks)		Post fer	tilization age of the fetus (in	weeks)		
How were the gestat	7					5							
ULTRASOUND EX	_	=	_										
D.11													
Full name of physics DR. JEFFREY D. 0	GLAZER	<u> </u>											
Address of physician	-	-		t, city, state, ar	nd zip code)								
	,												
**Date Reported	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		NDIANAPOLIS - 1201 N AR		City or town, of pregnancy termination INDIANAPOLIS County of pregnancy term MARION									
Dations: ++			Date -f	amar-t-	noti	F1	,tior						
Patient's age** 24	Marri	ed □ Yes ■ No	Date of pregn	12/15/2017		Educa	ition	Н		ol Diploma o	r GED		
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	Black Other		ın American	Unk		■ Not I	7 anic or Latino Hispanic or Lati	no	☐ Unknown	
Live Births:	ı	Number now living	1				Numbe	r now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numbe	r of indu	uced termi	nations 1			
Dates of termination		ot include this termino	v			st recent.)	I	5		6.			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	red:					Compli	cation(s) of Preg	gnancy	Termination	
Yes •	No							■ N	None	U	Uterine	Perforation	
5		70						□ F	Hemorrhag	е 🗆 (Cervica	l Laceration	
Fetus viable? Yes I	No	If viable, medical	reason for term	iination:				П	nfection	П	Retaine	d Products	
									Other (Spec	~ifv)			
Pathological examin	ation	If yes, results:							outer (Spec	, , ,			
performed?			LAE OFSTA	TIONAL C									
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	AC			Did this ☐ Yes			/ result	in a maternal death?	
		1											
				Type o	of Termination Procedures								
Procedure that Term	inated l	Pregnancy			Additional Procedure that Terminated Pregnancy								
☐ Medical (Nonsu		•											
☐ Medical (Nonsu	ırgical)	Misoprostol					(Nonsurg	gical) M	Iifepriston Iisoprosto	1			
Medical (Nonsu	ırgical)	Other (Specify)				☐ Medical	(Nonsurg	gical) O	other (Spec	ify)			
Medical (Surgio		ction Curettage enstrual Aspiration							on Curetta				
Medical (Surgio					☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgic	al) proc	edures, answer the fol	lowing question	on.		For Medical (Surgical) procedures, answer the following question.							
		ve a post fertilization	age at least 20	weeks?		_			a post fer	tilization age at	least 20) weeks?	
	■ No ion was	s answered yes, compl	ete the followi	ng questions	s	_	_	No n was a	nswered v	es, complete the	e follow	ving questions	
		est opportunity to surv		ng question			_			ty to survive?	Tonow	mg questions.	
] No	11						No	11	•			
		termination that the pr e to avert death or seri										n had a condition ent to the pregnant	
woman?	ocedui	e to avert death or sen	ous impairmen	it to the pres	gnam	woman?	a me proc	cedure o	o avert dea	iii or serious iii	прантие	ent to the pregnant	
Date last normal me		_		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age o		etus (in weeks)	
How were the cost-t		//01/2017 ge and post fertilizatio	n age dotomi-	ed?		11					9		
_		ge and post fertifization ATION, PELVIC EX.	icu :										
L													
Full name of physici	_	-											
	-	ming termination (number INDIANAPOLIS,		t, city, state,	, and zip	code)							
.zv. it Aitziito lo		_,											
**Date Reported t	o DCS	5, if Patient under 14	1 (month, day,										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IND	C	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION					
Patient's age** 21	Marrie [d Yes No	Date of pregn	ancy terminat 12/15/2017	tion	Educa	tion	н	igh Scho	ol Diploma or GED			
Race American Indian Native Hawaiian	or Other		Asian White	Black or Other	r Africa	n American	Unk	known er now d	■ Not H	inic or Latino Iispanic or Latino Unknown			
Live Births:		umber of spontaneo	1				Numbe	or of ind	uced termir	0 nations			
Other Termination	is:	•	0				Ivullio	er or mu	uced termin	0			
Dates of termination			3			st recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:						ation(s) of Pregnancy Termination			
									None Hemorrhage	☐ Uterine Perforation Cervical Laceration			
Fetus viable?		If viable, medical	reason for term	ination:					C				
☐ Yes ■	No								nfection	Retained Products			
Pathological examin	ation	If yes, results:							Other (Spec	ıjy)			
performed?	lation				_								
■ Yes □	No	CHORIONIC VII	LAE, GESTA	TIONAL SA	iC			Did this		on of pregnancy result in a maternal death?			
				Type of	Termina	ation Procedu	res						
Procedure that Term	ninated Pr	regnancy				Additional Pr	rocedure	that Ter	minated Pro	egnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu						☐ Medical ☐ Medical	(Nonsur	gical) N	lifepristone	2			
Medical (Nonsu	urgical) (Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
Medical (Surgio		tion Curettage				Medical Medical	(Surgica	al) Sucti	on Curettag	ge ation			
Medical (Surgio						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	on.		For Medical (Surgical	l) proced	lures, answ	er the following question.			
Was the fetus viab ☐ Yes [e a post fertilization	age at least 20	weeks?			us viable Yes 🗀		a post ferti	ilization age at least 20 weeks?			
If the previous quest	tion was a	answered yes, comp	lete the following	ng questions.		If the previou	s questio	on was a	nswered ye	es, complete the following questions.			
Was the fetus give ☐ Yes [_	t opportunity to sur	vive?				us given Yes		opportunit	y to survive?			
		ermination that the p								nat the pregnant woman had a condition			
that required the programmer woman?	rocedure	to avert death or ser	ious impairmen	it to the pregn	nant	that required woman?	d the pro	ocedure t	o avert dea	th or serious impairment to the pregnant			
Date last normal me	_	an 30/2017		Physician e	estimate	of gestation (i	n weeks))	Post fer	rtilization age of the fetus (in weeks)			
How were the gestat	tional age	e and post fertilization	-	ed?						<u> </u>			
ULTRASOUND EX	KAMINA	TON, PELVIC EX	AMINATION										
Full name of physici	_	-											
DR. JEFFREY D. C			mher and strees	t city state a	and zin c	rode)							
1201 N ARLINGTO	-	-		., c.i.y, siuic, U	Lip C	······							
**Date Reported t	to DCS.	if Patient under 1	4 (month. day	vear):									
=e reported (,	311301 1	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , /• 						-			

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Patient's age**	3.5	. ,	Date of proces	nancy terminat	ion	Educat	tion						
34	Marı	ried ■ Yes □ No		12/15/2017	.1011	Educai	non	Mas	ster's Degree				
Race American Indian Native Hawaiian			Asian White	☐ Black or	Africa	an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Number now	deceased	0				
Other Termination	ıs:	Number of spontaneou	s terminations				Number of in	duced termi	nations 0				
Dates of termination	is (Do	not include this termina	ition. If more t	than six (6), the	ose mo	ost recent.)							
1						4	5		cation(s) of Pregnan	acy Tormination			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:				-	_	•			
								None		ine Perforation			
Fetus viable?		If viable, medical r	eason for term	nination:				Hemorrhag	ge 📙 Cerv	rical Laceration			
☐ Yes ■	No							Infection	Reta	ined Products			
								Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:											
■ Yes	No	CHORIONIC VILI	LAE, GESTA	TIONAL SA	С					ult in a maternal death?			
								es 🔳 N	0				
				m 0.5	т								
D 1 1 =				Type of	ı ermir	nation Procedur							
Procedure that Term	iinated	Pregnancy				Additional Pr	ocedure that Te	erminated P	regnancy				
Medical (Nonsu							(Nonsurgical) (Nonsurgical)						
		Other (Specify)					(Nonsurgical)						
		action Curettage					(Surgical) Suc						
☐ Medical (Surgion Med		lenstrual Aspiration ther (Specify)					(Surgical) Mer (Surgical) Oth						
					and the second control of the second control								
For Medical (Surgic	al) nro	cedures, answer the fol	lowing questic	n .		For Medical (Surgical) procedures, answer the following question.							
	, 1		0 1						• •				
was the fetus viab	e or n No	ave a post fertilization a	age at least 20	weeks?			is viable of have les \q	e a post ter	tilization age at leas	t 20 weeks?			
If the previous quest	ion wa	as answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered y	es, complete the fol	lowing questions.			
Was the fetus give	n the b	est opportunity to survi	ive?			Was the fetu	us given the be	st opportuni	tv to survive?				
	☐ No	, and the same of					les 🗌 No		.,				
		etermination that the pro-								oman had a condition			
woman?	rocedu	re to avert death or seri-	ous impairmer	nt to the pregna	ant	woman?	the procedure	to avert dea	ath or serious impai	rment to the pregnant			
Date last normal me	nses b	egan		Physician es	stimate	e of gestation (i	n weeks)	Post fe	ertilization age of th	e fetus (in weeks)			
TT .		0/30/2017	• • •	-		6			4				
_		nge and post fertilization ATION, PELVIC EXA	•	ned?									
		,											
Full name of physici													
Address of physician	n perfo	orming termination (num		t, city, state, a	nd zip	code)							
1201 N ARLINGTO	ON AV	E, INDIANAPOLIS, I	N 46219										
**Date Reported t	to DC	S, if Patient under 14	(month, day,				_						

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF I	NDIANAPOLIS - 1201 N AR		City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termi MARION								
Dationt's**			Doto of -	ancrit	antin-	17:1	ution.					
Patient's age** 17	Marri	ed □ Yes ■ No	Date of pregn	12/15/2017		Educa	ition		9th-12	th, No Diplom	na	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		nn American	☐ Unkn		■ Not I	/ anic or Latino Hispanic or Lati	no	Unknown
Live Births:	1	Number now living	0				Number	now d	eceased	0		
Other Termination	s: N	Number of spontaneou	s terminations				Number	of indu	uced termi	nations 0		
Dates of termination		ot include this termin				est recent.)						
Fetus delivered alive		If yes, length of tin			4	k		_ 5	Complia	cation(s) of Pres	nancy	Termination
Yes Yes		ii yes, lengui oi ui	ine retus surviv	cu.				■ N	None		Uterine	Perforation
								Пн	Hemorrhag	е П (Cervica	l Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:					nfection			d Products
	. 10								Other (Spec	_	count	a Froducts
Pathological examin	ation	If yes, results:							outer (spec	-937		
performed? ■ Yes □	No	CHORIONIC VIL	LAE. GESTA	TIONAL S	SAC			Did this	tomninoti	on of macanana	, magnit	in a matamal death?
iii ies [110							Yes			resuit	in a maternal death?
				Туре	of Termin	ation Procedu	res					
Procedure that Term	inated I	Pregnancy				Additional P	rocedure tl	hat Teri	minated P	regnancy		
Medical (Nonsu									lifepriston			
Medical (Nonsu		Other (Specify)							lisoprosto other (Spec			
Medical (Surgio									on Curetta			
☐ Medical (Surgion Med		enstrual Aspiration ner (Specify)					(Surgical) (Surgical)		strual Aspi (<i>Specify</i>)	ration		
For Medical (Surgic	al) proc	edures, answer the fol	llowing question	on.		For Medical	(Surgical)	proced	ures, answ	ver the following	g quest	ion.
		ve a post fertilization	age at least 20	weeks?		_			a post fer	tilization age at	least 20) weeks?
	■ No		-4- 4 - - 6-11:		_	_	Yes			1-4- 41	£-11	·
		s answered yes, complest opportunity to surv		ng questions	s.		_			es, complete the	e tollow	ing questions.
	No	st opportunity to surv	ive?				Yes		opportuni	ty to survive?		
		termination that the pr										n had a condition
woman?	rocedure	e to avert death or seri	ious impairmer	it to the preg	gnant	woman?	a me proc	edure t	o avert dea	ith or serious in	ірантін	ent to the pregnant
Date last normal me		gan /10/2017		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age o	of the fe	etus (in weeks)
How were the gestat		<u></u>					3					
ULTRASOUND EX	AMINA	ATION, PELVIC EX	AMINATION									
Full name of physici	SLAZE	R										
	-	ming termination (number INDIANAPOLIS,		t, city, state,	, and zip	code)						
**Date Reported t	to DCS	, if Patient under 14	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/18/2017

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		NDIANAPOLIS - 1201 N AR		City or town, of pregnancy termination County of pregnancy termination INDIANAPOLIS MARION									
Dationt's**			Doto of -	ancrit	notio	17:1	tion						
Patient's age** 20	Marri	ed □ Yes ■ No	Date of pregn	12/15/2017		Educa	ttion	S	Some Co	llege, No De	gree		
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	■ Black □ Other		nn American	Unknov	own	■ Not I	nnic or Latino Hispanic or Lat	ino	□ Unknown	
Live Births:	1	Number now living	0				Number n	now de	ceased	0			
Other Termination	s: 1	Number of spontaneou	s terminations 0				Number of	of indu	ced termi	nations 0			
Dates of termination		ot include this termin	•			ost recent.)	<u> </u>						
Fetus delivered alive		If yes, length of tin				1		5	Complic	eation(s) of Pre	enancy	Termination	
Yes •		if yes, length of th	ine retus surviv	cu.				■ No	•			Perforation	
Fetus viable?	_	If viable, medical	reason for term	nination:					emorrhag			al Laceration	
☐ Yes ■ 1	No							∐ In:	fection		Retaine	ed Products	
								☐ Ot	ther (Spec	eify)			
Pathological examin performed?	ation	If yes, results:											
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	SAC						y result	in a maternal death?	
								Yes	■ No)			
				Trans -	of Town:	nation Procedu	rec						
D 1 1 2				1 ype o	7 1 CHIIII			, T					
Procedure that Term		•				Additional P	rocedure tha	at Term	ninated Pr	egnancy			
Medical (Nonsu Medical (Nonsu							(Nonsurgica (Nonsurgica						
		Other (Specify)					(Nonsurgica						
Medical (Surgio					Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration								
☐ Medical (Surgion Med		enstrual Aspiration her (Specify)					(Surgical) I (Surgical)			ration			
For Medical (Surgic	al) proc	edures, answer the fol	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
						Was the fetus viable or have a post fertilization age at least 20 weeks?							
	■ No	ve a post fertilization	age at least 20	weeks?		_	Yes N		i post tert	mzanon age at	least 2	o weeks?	
If the previous quest	ion was	s answered yes, compl	ete the following	ng questions	s.	If the previou	ıs question v	was an	swered ye	es, complete the	e follov	ving questions.	
Was the fetus give	n the be	est opportunity to surv	ive?			Was the fet	us given the	e best o	pportunit	y to survive?			
☐ Yes [] No						Yes N	Vо					
		termination that the pre-										nn had a condition ent to the pregnant	
woman?	occuur	e to avert death of sen	ious impairmer	it to the preg	Snam	woman?	d the proced	dure to	avert det	un or serious ir	пранти	ent to the pregnant	
Date last normal me		_		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age		etus (in weeks)	
How were the gestat		y/28/2017 ge and post fertilization	n age determin	l ned?		12					10		
ULTRASOUND EX													
<u> </u>													
Full name of physici	-	-											
	-	ming termination (num		t, city, state,	, and zip	code)							
1201 N ARLINGTO	N AVE	E, INDIANAPOLIS,	IN 46219										
**Date Reported t													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219				Cit	City or town, of pregnancy termination INDIANAPOLIS					County of pro	_	y termination RION
Patient's age**	Marr	iad	Date of preon	nancy terminati	ion	Educat	tion					
25	Marr	Yes No		12/15/2017	ion	Educat				ol Diploma o	r GEI)
Race American Indian Native Hawaiian			Asian White	☐ Black or ☐ Other	Africa	an American	Unknown	1	Not I	/ anic or Latino Hispanic or Lat	ino	Unknown
Live Births:		Number now living	0				Number nov	v dec	eased	0		
Other Termination	ıs:	Number of spontaneou	s terminations 0				Number of i	nduc	ed termi	nations 1		
Dates of termination	is (Do	not include this termina				ost recent.)						
Fetus delivered alive	e?	If yes, length of tir		ved:		4	5		Complic	cation(s) of Pre	gnancy	/ Termination
☐ Yes ■		12. 7.23, 222. 822. 22						No	ne		Uterin	e Perforation
							п	Не	morrhag	е П	Cervic	al Laceration
Fetus viable? Yes	No	If viable, medical i	reason for term	nination:					ection			ed Products
	110					Other (Specify)						
Pathological examin	ation				Ou	nei (spec	ujy)					
performed?		If yes, results:	I AE GESTA	TIONAL SAC	^		-					
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL SAC				this to Yes	erminatio		y resul	t in a maternal death
				Type of T	Гегтіг	nation Procedur	res					
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that T	Гегті	inated Pr	regnancy		
☐ Medical (Nonst	urgical	Mifepristone				☐ Medical	(Nonsurgical)) Mit	fepriston	e		
Medical (Nonsu		Misoprostol Other (Specify)					(Nonsurgical) (Nonsurgical)					
		(-1-33)					(8)		(-1	327		
Medical (Surgional Control Contro	cal) S u	uction Curattaga				☐ Medical	(Surgical) Su	etion	Curatta			
Medical (Surgio	cal) M	enstrual Aspiration				Medical	(Surgical) Mo	enstr	ual Aspi			
Medical (Surgio	cal) O	ther (Specify)				☐ Medical	(Surgical) Ot	her (Specify)			
												_
For Medical (Surgic	al) pro	cedures, answer the fol	lowing questic	on.		For Medical ((Surgical) prod	cedui	res, answ	er the followin	g ques	tion.
Was the fetus viab ☐ Yes [le or ha	ave a post fertilization a	age at least 20	weeks?			us viable or ha Yes 🔲 No	ave a	post fert	tilization age at	least 2	20 weeks?
If the previous quest	tion wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s question wa	s ans	wered vo	es, complete th	e follo	wing questions.
		est opportunity to survi		8 1		•	us given the b		•	•		8 1
	☐ No	est opportunity to survi	ive.				Yes No	est o _l	pportuin	ly to survive.		
		etermination that the pro-										an had a condition
woman?	roceau	re to avert death or seri	ous impairmer	it to the pregna	int	woman?	a tne procedui	re to	avert dea	ith or serious ii	npairn	nent to the pregnant
Date last normal me		-		Physician es	timate	e of gestation (i	n weeks)		Post fe	rtilization age	of the	fetus (in weeks)
How were the gester		0/10/2017 ge and post fertilization	n age determin	l ned?		10					8	
_		ATION, PELVIC EXA	_	icu:								
Full name of physics												
	-	rming termination (num		t, city, state, ar	nd zip	code)						
1201 N ARLINGTO	ON AV	E, INDIANAPOLIS, I	N 46219									
**Date Reported	to DC	S, if Patient under 14	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/18/2017

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219				City or t	ity or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION		
Patient's age** 25	Marrie [d ☐ Yes ■ No	Date of pregnancy term 12/15/20		Educat			ollege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ Blace ■ White ☐ Other		an American	Unknown	Ethnicity Hispa	y anic or Latino Hispanic or Latino		
Live Births:	Ni	umber now living	0			Number now d		0		
Other Termination	s: N	umber of spontaneou	-			Number of ind	uced termi			
			ation. If more than six (6							
Fetus delivered alive		If yes, length of tin	3		4	5		cation(s) of Pregnancy Termination		
Yes I		if yes, length of th	ne retus surviveu.			1	1	Uterine Perforation		
							Hemorrhag			
Fetus viable?		If viable, medical	reason for termination:					<u> </u>		
Yes •	No						nfection	Retained Products		
					Other (Specify)					
Pathological examin performed?	ation	If yes, results:								
■ Yes □	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC	Did this termination of pregnancy result in a maternal de Yes No					
							<u> </u>			
			Туро	e of Termi	nation Procedur	es				
Procedure that Term	inated Pr	regnancy			Additional Pr	ocedure that Ter	minated Pr	regnancy		
Procedure that Terminated Pregnancy Medical (Nonsurgical) Miferristone					☐ Medical	(Nonsurgical) M	lifepriston	ne		
☐ Medical (Nonsu						(Nonsurgical) N (Nonsurgical) C	1isoprosto	1		
iviedicai (i vonst	ingicai) v	Other (Speedy)			Wicalcar	(Ivonsuigical)	ины (Брес	<i>.</i> (J <i>y)</i>		
	cal) Men	strual Aspiration			☐ Medical	(Surgical) Sucti (Surgical) Mens	strual Aspi	ration		
Medical (Surgio	cal) Othe	er (Specify)			☐ Medical	(Surgical) Other	r (Specify)			
For Medical (Surgical	al) proce	dures, answer the fol	lowing question.		For Medical (Surgical) proced	lures, answ	ver the following question.		
	le or hav	e a post fertilization	age at least 20 weeks?		Was the fetu		a post fer	tilization age at least 20 weeks?		
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previou	s question was a	nswered y	es, complete the following questions.		
Was the fetus gives Yes		t opportunity to surv	ive?			us given the best Yes \text{No}	opportuni	ty to survive?		
			egnant woman had a con					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	rocedure	to avert death or sen	ous impairment to the p	regnant	woman?	a the procedure t	o avert dea	ath or serious impairment to the pregnant		
Date last normal me	_		Physici	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat		KNOWN e and post fertilization	n age determined?		12			10		
ULTRASOUND EX	_	=	-							
Full name of physici	SLAZER	t								
Address of physician 1201 N ARLINGTO	_	-	nber and street, city, sta IN 46219	te, and zip	code)					
	,		-							
**Date Reported t	o DCS,	if Patient under 14	4 (month, day, year):					_		

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219				City or t	City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
Patient's age** 19	Marrie [d Yes • No	Date of pregnancy terr 12/15/20		Educat		•	ool Diploma or GED			
Race American Indian Native Hawaiian			☐ Asian ■ Bla ☐ White ☐ Oth		an American	Unknown		y anic or Latino Hispanic or Latino			
Live Births:	N	umber now living				Number now de		0			
Other Termination	ıs: N	umber of spontaneou	<u>*</u>			Number of indu	iced termi				
Dates of termination			ation. If more than six (· · · · · ·			
Fetus delivered alive		If yes, length of tin	me fetus survived:		4	5		cation(s) of Pregnancy Termination			
Yes I		ir yes, rengar or an	10tas san (1700)				Ione	Uterine Perforation			
						— П	Iemorrhag	te			
Fetus viable? Yes	No	If viable, medical	reason for termination:				nfection	Retained Products			
163	110							_			
Pathological examin	ation	If yes, results:			Other (Specify)						
performed?			LAE CESTATIONAL	840							
■ Yes □	No	CHORIONIC VIL	LAE, GESTATIONAL	. SAC	Did this termination of pregnancy result in a maternal dea						
			Тур	e of Termi	nation Procedur	res					
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Terr	ninated Pr	regnancy			
Medical (Nonsu					☐ Medical	(Nonsurgical) M	lifepriston	e			
Medical (Nonsu Medical (Nonsu	ırgical) ırgical)	Misoprostol Other (<i>Specify</i>)			☐ Medical ☐ Medical	(Nonsurgical) M (Nonsurgical) O	lisoprostol ther <i>(Spec</i>	l eify)			
Medical (Surgional Control Contro	cal) Suct	tion Curettage			☐ Medical	(Surgical) Suction	on Curetta	ige			
	cal) Mer	nstrual Aspiration			☐ Medical	(Surgical) Mens (Surgical) Other	trual Aspi	ration			
	,	(<i>-</i> F				(~ 8)	(~F95)				
For Medical (Surgic	al) proce	edures, answer the fol	lowing question.		For Medical (Surgical) proced	ures, answ	ver the following question.			
			age at least 20 weeks?					tilization age at least 20 weeks?			
	■ No	o a post rerumbation	age at least 20 weeks.		_ \ \	les No	-	•			
			ete the following questi	ons.		-		es, complete the following questions.			
Was the fetus give ☐ Yes [st opportunity to surv	ive?			as given the best des No	opportunit	ty to survive?			
			regnant woman had a co					hat the pregnant woman had a condition			
woman?	rocedure	to avert death or sen	ous impairment to the p	regnam	woman?	i the procedure to	avert dea	ath or serious impairment to the pregnant			
Date last normal me	_		Physic	an estimate	e of gestation (ii	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
How were the gestat		30/2017 e and post fertilizatio	n age determined?		6			4			
ULTRASOUND EX	AMINA	TION, PELVIC EX	AMINATION								
P.11											
Full name of physici	_	-									
Address of physician 1201 N ARLINGTO	_	-	nber and street, city, sto	ite, and zip	code)						
											
**Date Reported t	to DCS,	if Patient under 14	4 (month, day, year):					_			

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219						City or town, of pregnancy termination					nation			
							T							
Patient's age** 33	Marri	ied Yes	■ No	Date of pregn	ancy termin 12/15/2017		Educa	ation	Н	igh Scho	•	ma or GE	:D	
Race American Indian Native Hawaiian	or Oth	er Pacific	Islander	Asian White	☐ Black ☐ Other	or Africa	an American	Unl		■ Not I	nnic or La Hispanic o			Unknown
Live Births:		Number no		2					er now d		0			
Other Termination	ъ.		_	us terminations 0				Numbe	er of ind	uced termi	nations 1			
Dates of termination 1. 2016		ot include	this termin	*	han six (6),		ost recent.)		5			6		
Fetus delivered alive		If yes,	length of ti	me fetus surviv	ed:					Complic	cation(s) o	f Pregnand	cy Termii	nation
☐ Yes ■	No								■ N	None		☐ Uteri	ne Perfor	ation
7		70 11							□ I	Hemorrhag	e	☐ Cervi	ical Lace	ration
Fetus viable? Yes	No	If viab	le, medical	reason for term	ination:				☐ I:	nfection		□ Retai	ned Prod	ucts
	. 10										: G. \			acts
Pathological examin	ation	If year	magnitus.							Other (Spec	nJy)			
performed?	ation	ii yes,	results:											
■ Yes □	No	CHOR	IONIC VIL	LAE, GESTA	TIONAL S	AC			Did this			nancy resu	ılt in a m	aternal death?
									1 es	<u> </u>)			
					Type o	of Termin	nation Procedu	ires						
					Туре о	и тении								
Procedure that Term	inated .	Pregnancy	•				Additional P	rocedure	that Ter	minated Pi	egnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu							☐ Medical	l (Nonsur	gical) M	lifepriston lisoprostol	e			
Medical (Nonsu							Medical	l (Nonsur	gical) C	ther (Spec	ify)			
Medical (Surgional Control Contro	cal) Su	ction Cure	ettage				Medical	l (Surgica	al) Sucti	on Curetta	ge			
Medical (Surgio	cal) Me	enstrual As	spiration				☐ Medical	l (Surgica	al) Mens	strual Aspi (Specify)				
intedical (Surgio	cai) Ot	ner (<i>Specij</i>	(עו				☐ Medical	i (Surgica	ii) Otnei	((Specify)				
For Medical (Surgic	al) proc	edures, an	swer the fo	llowing questio	on.		For Medical	(Surgical	l) proced	ures, answ	er the foll	owing que	estion.	
Was the fetus viab ☐ Yes [le or ha	ve a post f	fertilization	age at least 20	weeks?		Was the fe	_	or have No	a post fert	ilization a	ge at least	20 week	s?
If the previous quest	ion was	s answered	l yes, comp	lete the following	ng questions	s.	If the previo	us questio	on was a	nswered ye	es, comple	ete the foll	owing qu	estions.
Was the fetus give ☐ Yes ☐		est opportu	unity to surv	vive?			Was the fe	tus given Yes		opportunit	y to survi	ve?		
		torrei	n that 41-	ragnent	had a -: "	ition	What was		•	minati- "	hat th-	anont -	man 1 1	a aon diti
What was the basis that required the pr														he pregnant
woman?							woman?							
<u> </u>							<u> </u>							
Date last normal me		gan)/20/2017			Physician	estimate	e of gestation (in weeks,)	Post fe	rtilization	age of the	e fetus (in	weeks)
How were the gestat	ional a	ge and pos	t fertilization	-	ed?									
ULIKASOUND EX	AWIIN	ATION, P	ELVIC EX	AMINATION										
Full name of physici	ian perf	orming ter	rmination											
DR. JEFFREY D. C	SLAZE	R		mb on and	4 ale: -: :	J ·	2012							
Address of physician 1201 N ARLINGTO	-	-			ı, cıry, state,	ana zip	coae)							
**Date Reported t	to DCS	S. if Patie	nt under 1	4 (month. dav.	vear):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					City or to	own, of pregna			County of pregnancy termination MARION			
Patient's age** 19	Marrio [ed □ Yes ■ No	Date of pregna	ancy termi 2/15/201		Educa	tion		ool Diploma or GED			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		nn American	☐ Un		y anic or Latino Hispanic or Latino			
Live Births:	N	Number now living	1				Numb	er now deceased	0			
Other Termination	э.	Number of spontaneou	s terminations				Numb	per of induced term				
Dates of termination 1. 2016		ot include this termina 2. 2015	ation. If more th	an six (6),	those mo	ost recent.)		5	6			
Fetus delivered alive		If yes, length of tin	me fetus survive	ed:				Compli	cation(s) of Pregnancy Termination			
	NU							None	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for termi	ination:				☐ Hemorrhag	ge Cervical Laceration			
☐ Yes ■ I	No							☐ Infection	☐ Retained Products			
Deth-1i1ii	If						Other (Spe	cify)				
Pathological examin performed?	If yes, results:		TIONIAL (
■ Yes No CHORIONIC VILLAE, GESTATIONAL SA						Did this termination of pregnancy result in a maternal dea						
				Type	of Termin	nation Procedur	res					
Procedure that Terminated Pregnancy						Additional Pr	ocedure	e that Terminated P	regnancy			
 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 						Medical	(Nonsu	rgical) Mifepristor rgical) Misoprostor rgical) Other (Spec	ıl			
Medical (Surgio	cal) Me	nstrual Aspiration					(Surgic	al) Suction Curetta al) Menstrual Asp al) Other (Specify)	iration			
For Medical (Surgical	al) proc	edures, answer the fol	llowing question	n.		For Medical (Surgica	al) procedures, ansy	ver the following question.			
	le or hav	ve a post fertilization				Was the fet		e or have a post fer	tilization age at least 20 weeks?			
If the previous quest	ion was	answered yes, compl	ete the followin	g question	ıs.	If the previou	s questi	ion was answered y	res, complete the following questions.			
Was the fetus given ☐ Yes [st opportunity to surv	ive?				us giver Yes [the best opportuni	ity to survive?			
		ermination that the preto avert death or seri							that the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal men		gan /15/2017		Physician	n estimate	of gestation (i	n weeks	Post fo	ertilization age of the fetus (in weeks) 10			
How were the gestat	_	ge and post fertilization	_	ed?				,				
Full name of physici DR. JEFFREY D. G	SLAZEI	R										
Address of physician 1201 N ARLINGTO	-	ming termination (number, INDIANAPOLIS,		, city, state	e, and zip	code)						
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/19/2017

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Facility Name and Addre		ncy term			County of pr	egnancy ter				
					V EI	<u>-</u>				
36	arried Yes No	Date of pregnancy term 12/12/201		Educa	tion			, No Diploi	ma	
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe	k or African A r	American	Unk		Not Hi	ic or Latino spanic or Lat	tino [Unknown
Live Births:	Number now living	3				er now de		0		
Other Terminations:	Number of spontaneou	us terminations 1			Numbe	er of indu	ced termina	tions 3		
Dates of terminations (D	o not include this termin	ation. If more than six (6) 3. 02/2001		recent.) 3/2001		5			5	
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:				■ N	Complicatione	ion(s) of Pre	gnancy Ter Uterine Per	
Fetus viable? Yes • No	If viable, medical	reason for termination:				In	emorrhage afection ther (Specif	□ □ □ · · · · · · · · · · · · · · · · ·	Cervical La Retained Pa	
Pathological examination performed? Yes No Did this termination of pregnancy result in a maternal death? Yes No										
		_	6.T. :	.						
		Туре	of Terminati							
Procedure that Terminate	ed Pregnancy		A	dditional Pr	ocedure	that Tern	ninated Preg	gnancy		
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration] Medical	(Surgica	l) Menst	on Curettage crual Aspira (Specify)			
For Medical (Surgical) p	procedures, answer the fo	llowing question.		or Medical (Surgical) procedu	ıres, answei	the following	ng question.	
	have a post fertilization	• •		Was the fet		or have		zation age a		
If the previous question	was answered yes, comp	lete the following question	ns. If	the previou	s questio	on was an	swered yes	complete th	e following	questions.
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	vive?			us given Yes 🔲		opportunity	to survive?		
		regnant woman had a con ious impairment to the pr	egnant							ad a condition to the pregnant
Date last normal menses	began	Physicia	in estimate of	gestation (i	n weeks))	Post ferti	lization age	of the fetus	(in weeks)
	09/09/2017	·		12					10	
How were the gestationa ULTRASOUND	ll age and post fertilization	on age determined?								
Full name of physician p										
Address of physician per 8590 GEORGETOWN	-	mber and street, city, state	e, and zip cod	le)						
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):								

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Facility Name and Addre	City or to	own, of pregnar	•		County of pregnancy termination MARION			
Datient's**	T ,	Data of marries	imati	T2.1 .	ion.			—
19	rried No No	Date of pregnancy terming 12/12/201		Educat	10n		chool Diploma or GED	
Race American Indian or A Native Hawaiian or C	<u> </u>	Asian Black White Other		n American	☐ Unk		ispanic or Latino of Hispanic or Latino	
Live Births:	Number now living	0			Numbe	er now deceased	0	
Other Terminations:	Number of spontaneous	terminations			Numbe	er of induced ter		
Dates of terminations (De	l o not include this terminat	•	, those mo	st recent.)			1	
Fetus delivered alive?	If yes, length of time	3	4.			5	plication(s) of Pregnancy Termination	
Yes No	if yes, length of time	e ietus suiviveu.				■ None	Uterine Perforation	
						_		
Fetus viable?	If viable, medical re	ason for termination:				Hemorri	hage	
☐ Yes ■ No						☐ Infection	n Retained Products	
						Other (S	Specify)	
Pathological examination	If yes, results:							
performed? Yes No						Did this termin	nation of pregnancy result in a maternal deat	– h?
							No	
								$\overline{}$
		Туре	of Termin	ation Procedur	res			
Procedure that Terminate	ed Pregnancy			Additional Pro	ocedure	that Terminated	d Pregnancy	
Medical (Nonsurgical)	al) Mifenristone			☐ Medical	(Nonsur	gical) Mifepris	stone	
Medical (Nonsurgical Nonsurgical Nonsur	al) Misoprostol			☐ Medical	(Nonsur	gical) Misopro	ostol	
☐ Medical (Nonsurgical	ai) Other (<i>Specify</i>)			Medical	(Nonsur	gical) Other (Sp	pecify)	
Medical (Surgical)	Suction Curettage Menstrual Aspiration					al) Suction Cure		_
Medical (Surgical)						ıl) Other (<i>Speci</i>		
For Medical (Surgical) pr	rocedures, answer the follo	owing question.		For Medical (Surgical	l) procedures, ar	nswer the following question.	
	have a post fertilization as			Was the fett	ıs viahle	or have a post	fertilization age at least 20 weeks?	
Yes N	1	ge at least 20 weeks.			es		Tertifization age at reast 20 weeks.	
If the previous question v	was answered yes, complet	te the following question	ns.	If the previous	s questic	on was answered	d yes, complete the following questions.	
Was the fetus given the ☐ Yes ☐ N	best opportunity to surviv	ve?			ıs given Yes 🔲		unity to survive?	
What was the basis for	determination that the pre	gnant woman had a con-	dition	What was th	ne basis	for determination	on that the pregnant woman had a condition	
that required the proced	lure to avert death or serio			that required			death or serious impairment to the pregnant	
woman?				woman?				
		1						_
Date last normal menses	began 10/21/2017	Physicia	n estimate	of gestation (in	n weeks)	Pos	st fertilization age of the fetus (in weeks) 5	
	l age and post fertilization	age determined?					<u> </u>	
ULTRASOUND								
Full name of physician po	_							
Address of physician per	forming termination (numi		e, and zip o	code)				
8590 GEORGETOWN	ROAD, INDIANAPOLIS	, IN 46268						
**Date Reported to Do	CS, if Patient under 14	(month, day, year):						

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Facility Name and Addre	ess) - 8590 GEORGETOWN ROAD, INDIANAPO	OLIS, IN, 46268 City	or town, of pregna	ncy termination	(County of pregnancy termination MARION			
Dationt's access	Data 6	raananav tam-''	, 17.1	tion					
29	arried Date of p ☐ Yes ■ No	regnancy termination 12/12/2017	n Educa			ege, No Degree			
Race American Indian or A Native Hawaiian or C		☐ Black or A☐ Other	frican American	Unknown		ic or Latino			
Live Births:	Number now living	1		Number now de	eceased	0			
Other Terminations:	Number of spontaneous terminati	ons		Number of indu	uced termina	tions 0			
Dates of terminations (De	l o not include this termination. If mo	ore than six (6), those	e most recent.)			0			
1	2 3		4	5		6			
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus su	rvived:			Complicat	ion(s) of Pregnancy Termination			
1cs No				■ N	None	☐ Uterine Perforation			
Fetus viable?	If viable, medical reason for	termination:		D F	Hemorrhage	☐ Cervical Laceration			
Yes No	ii viable, medical reason for	termination.		□ I	nfection	☐ Retained Products			
					Other (Specify	iv)			
Pathological examination	n If yes, results:	outer (Specify	,,						
performed?	i yes, resultsi								
☐ Yes ■ No				Did this		of pregnancy result in a maternal death?			
Type of Termination Procedures									
Procedure that Tameir	ad Dragnanov	JF- 01 101			mineted P	manev			
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Ter	minated Preg	gnancy			
☐ Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medical (Nonsurgical Medical				(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsurgical			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage		− −−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−	(Surgical) Suction	on Curettage				
	Menstrual Aspiration			(Surgical) Mens (Surgical) Other	strual Aspirat				
Medical (Surgical)	Other (<i>Specify</i>)		Medical	(Surgical) Other	т (Ѕресіуу)				
			_						
For Medical (Surgical) pr	rocedures, answer the following que	estion.	For Medical ((Surgical) proced	lures, answer	the following question.			
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least	20 weeks?		us viable or have Yes \text{No}	a post fertili	zation age at least 20 weeks?			
	was answered yes, complete the foll	owing questions.		_	nswered ves,	complete the following questions.			
Was the fetus given the	best opportunity to survive?		Was the fet	us given the best	·				
☐ Yes ☐ N	Io		·	Yes No	-				
	determination that the pregnant wo lure to avert death or serious impair					t the pregnant woman had a condition or serious impairment to the pregnant			
woman?	idie to avert deadi of serious impan	ment to the pregnant	woman?	u tile procedure t	o avert death	or serious impairment to the pregnant			
Date last normal menses	began	Physician estin	nate of gestation (i	n weeks)	Post ferti	lization age of the fetus (in weeks)			
	10/01/2017		12	•		10			
=	l age and post fertilization age deter	mined?							
ULTRASOUND									
Full name of physician p	erforming termination								
DR. CAITLIN BERNAR	_								
1 7 1	forming termination (number and s		zip code)						
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 462	D Ø							
**Date Reported to Do	CS, if Patient under 14 (month, a	lay, year):							
= Iteponed to D	,	··· / , / · / ·							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addres	SS - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or	town, of pregna	County of pregnancy termination MARION			
<u> </u>				HADIAN	-AI UL			NONTON
Patient's age** 21	rried Yes I No	Date of pregnancy term 12/12/201		Educa	tion	\$	Some Col	llege, No Degree
Race American Indian or Al Native Hawaiian or Ot		☐ Asian ■ Blac ☐ White ☐ Othe		an American	☐ Un	known		nic or Latino Unknown
Live Births:	Number now living	0			Numb	er now de	ceased	0
Other Terminations:	Number of spontaneou	is terminations			Numb	er of indu	ced termin	ations 0
Dates of terminations (Do	not include this termin	ation. If more than six (6)), those m	ost recent.)				
1	2	3		4		5		6
Fetus delivered alive? Yes No	If yes, length of tin	me fetus survived:					Complica	ation(s) of Pregnancy Termination
						■ No	one	☐ Uterine Perforation
Fetus viable?	If viable medical	reason for termination:				☐ He	emorrhage	☐ Cervical Laceration
Yes No	ii viable, inedicar	reason for termination.				☐ In	fection	☐ Retained Products
						☐ Ot	ther (Speci	f(y)
Pathological examination	If yes, results:							
performed? Yes No						D'14'		6 11
☐ Yes ■ No						Did this		n of pregnancy result in a maternal deat
	·					_	_	
		Tyne	of Termi	nation Procedur	res			
Procedure that Terminated	d Dreamanov	- 7 50		Additional Pr		that Tame	ningted Dec	egnanev
☐ Medical (Nonsurgica☐ Medica☐ Medic	l) Mifepristone l) Misoprostol			☐ Medical	(Nonsu	rgical) Mi	ifepristone isoprostol	
☐ Medical (Nonsurgica	l) Other (Specify)			☐ Medical	(Nonsu	rgical) Ot	her (<i>Speci</i> j	fy)
Medical (Surgical) S							n Curettag	
☐ Medical (Surgical) N☐ Medical (Surgical) C☐						al) Menst al) Other	rual Aspira (Specify)	ation
_								
	1 4 6	n ·		- M 1 1	(C :	1) 1		4. 6.11
For Medical (Surgical) pro								er the following question.
Was the fetus viable or h ☐ Yes ■ No		age at least 20 weeks?			us viabl Yes 🔲	_	a post ferti	lization age at least 20 weeks?
If the previous question w	as answered ves. compl	ete the following questio	ns.	If the previou	s auesti	ion was an	swered ves	s, complete the following questions.
Was the fetus given the		• •			•		•	y to survive?
Yes No	11 .	ive:			Yes [pportunity	to survive:
What was the basis for d	letermination that the pr	egnant woman had a con	dition	What was tl	ne basis	for detern	nination th	at the pregnant woman had a condition
that required the procedu woman?	ure to avert death or seri	ious impairment to the pr	egnant	that require woman?	d the pro	ocedure to	avert deat	h or serious impairment to the pregnant
Wolfland				Woman.				
Data last 1		l pi · ·	un c=4*	o of === : : : :		~ \	D- + C	ellipation on a after Control
Date last normal menses b	oegan JNKNOWN	Physicia	uı estimat	e of gestation (i	n weeks	<i>(</i>)	Post fer	tilization age of the fetus (in weeks) 10
How were the gestational	age and post fertilization	n age determined?					1	
ULTRASOUND								
Full name of physician pe DR. CAITLIN BERNARI								
Address of physician perfe 8590 GEORGETOWN R	-		e, and zip	code)				
	· · · · · · · · · · · · · · · · · · ·	·						
**Date Reported to DO	CS, if Patient under 14	4 (month, day, year):						

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANAPOLI	S, IN, 46268	or town, of pregna	ncy termination		County of pregnancy termination MARION
D-4:42. 44	In			4:		
32	Tried Date of preg ☐ Yes ■ No	gnancy termination 12/12/2017	Educa	tion		lege, No Degree
Race American Indian or A Native Hawaiian or O		☐ Black or Afr	rican American	Unknown		ic or Latino spanic or Latino Unknown
Live Births:	Number now living			Number now d	leceased	0
Other Terminations:	Number of spontaneous termination			Number of ind	uced termina	-
Dates of terminations (De	o not include this termination. If more	than six (6), those	most recent.)			U
1	2 3		4	5		6
Fetus delivered alive?	If yes, length of time fetus surv	ived:			Complica	tion(s) of Pregnancy Termination
☐ Yes ■ No				■ N	None	☐ Uterine Perforation
T : 110	70 111 11 1 0			D	Hemorrhage	☐ Cervical Laceration
Fetus viable? ☐ Yes ■ No	If viable, medical reason for ter	mination:			Infection	Retained Products
						_
Data ta ta ta	TC 1				Other (Specif	y)
Pathological examination performed?	If yes, results:					
Yes No						of pregnancy result in a maternal death?
				☐ Yes	s 🔳 No	
		Type of Terr	mination Procedur	res		
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Ter	minated Preg	gnancy
☐ Medical (Nonsurgical	al) Mifepristone		☐ Medical	(Nonsurgical) M	Mifepristone	
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica				(Nonsurgical) M (Nonsurgical) C		50)
i wedicai (Noiisuigica	ar) Other (<i>specify</i>)		☐ Medicai	(Nonsurgical) C	omei (specij	y)
Medical (Surgical)				(Surgical) Sucti		
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)			(Surgical) Mens (Surgical) Other		tion
_						
F M 1' 1/C ' 1	1 (1 (1)	•		(C ' 1)	1	.1 6.11
For Medical (Surgical) pi	rocedures, answer the following quest	ion.	For Medical (Surgical) proced	lures, answe	r the following question.
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20	0 weeks?		us viable or have Yes 🔲 No	a post fertil	ization age at least 20 weeks?
	vas answered yes, complete the follow	zing questions		_	newered vec	, complete the following questions.
•		ving questions.	-	-	·	
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes \(\square\) No	opportunity	to survive?
	determination that the pregnant woma					at the pregnant woman had a condition
that required the proced woman?	lure to avert death or serious impairme	ent to the pregnant	that required woman?	d the procedure t	to avert death	n or serious impairment to the pregnant
			Woman:			
Date last normal menses	began 10/19/2017	Physician estim	nate of gestation (i	n weeks)	Post fert	ilization age of the fetus (in weeks) 6
	age and post fertilization age determ	ined?			1	-
ULTRASOUND						
Full name of physician po	=					
DR. CAITLIN BERNAR	forming termination (number and stre	pet city state and	zin code)			
1 7 1	ROAD, INDIANAPOLIS, IN 46268		up coucj			
**Date Reported to Do	CS, if Patient under 14 (month, day	v, year):				

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	acility Name and Address City or town, of pregnancy termination County of pregnancy termination										
Facility Name and Add PPIN-GEORGETOWN OR (PP	aress PGI) - 85	90 GEORGETOWN ROAD), INDIANAPOLIS, I	N, 46268	City or		ncy terr			County of pregnancy termination MARION	
Patient's age** 21	Marrie	d Yes • No	Date of pregna	ancy termi 2/12/201		Educa	tion		Some Co	ollege, No Degree	
Race American Indian or Native Hawaiian or	Othe		Asian White	☐ Black		an American		known er now de	■ Not I	y anic or Latino Hispanic or Latino	n
Live Births:	N	umber of spontaneou	0 c terminations				Numb	er of indi	aced termi	nations	
Other Terminations: Dates of terminations (•	0	an six (6)	thosom	ost wasout)	Tvaino			0	
1	2	·	3	un six (0),	, inose m	4		5		6	_
Fetus delivered alive?		If yes, length of tin	ne fetus survive	ed:					Compli	cation(s) of Pregnancy Termination	
☐ Yes ■ No)							■ N	None	☐ Uterine Perforation	
Fetus viable?		If viable, medical	reason for termi	nation:				□ H	Iemorrhag	e Cervical Laceration	
Yes No)	ii viaole, inedicar	reason for term	inution.				□ In	nfection	☐ Retained Products	
									Other (Spec	cify)	
Pathological examinati	ion	If yes, results:									
performed? ☐ Yes ■ No	D .							Did this		on of pregnancy result in a maternal d	eath?
				Туре	of Termi	nation Procedu	res				
Procedure that Termina	ated P	regnancy				Additional P		that Teri	minated Pr	regnancy	
☐ Medical (Nonsurg		•							lifepriston		
☐ Medical (Nonsurg ☐ Medical (Nonsurg	gical)	Misoprostol					(Nonsu	rgical) M	lisoprosto ther (Spec	1	
	,1011)	omer (speedy)					(1 (01154)	igioui, o	uioi (spec	937	
Medical (Surgical) Suc	tion Curattaga				☐ Medical	(Surgice	al) Suctiv	on Curetta	ga .	
Medical (Surgical Medical (Surgical Medical (Surgical) Mei	strual Aspiration				☐ Medical	(Surgical	al) Mens	trual Aspi (Specify)	ration	
For Medical (Surgical)	proce	dures, answer the fol	lowing question	n.		For Medical	(Surgica	ıl) proced	ures, answ	ver the following question.	
Was the fetus viable ☐ Yes ■		e a post fertilization	age at least 20 v	weeks?			us viable Yes [_	a post fer	tilization age at least 20 weeks?	
If the previous question	n was	answered yes, compl	ete the followin	g question	ns.	If the previou	ıs questi	on was a	nswered y	es, complete the following questions.	
Was the fetus given t ☐ Yes ☐		at opportunity to surv	ive?				us given Yes		opportuni	ty to survive?	
What was the basis for	or dete	ermination that the pr	egnant woman	had a cond	dition	What was t	he basis	for deter	mination t	hat the pregnant woman had a condition	on
that required the proc woman?						that require woman?	d the pro	ocedure to	o avert dea	ath or serious impairment to the pregn	ant
Date last normal mense	es hea	an	T	Physicia	n estimat	e of gestation (in weeks	7)	Post fe	ertilization age of the fetus (in weeks)	
	10/	01/2017		•	. Joannat	11		<u> </u>	1 050 10	9	
How were the gestation ULTRASOUND	nal ag	e and post fertilizatio	n age determine	ed?							
Full name of physician DR. CAITLIN BERNA	ARD	-				7.					
Address of physician p 8590 GEORGETOWN		-		city, state	e, and zip	code)					
**Date Reported to	DCS,	if Patient under 14	1 (month, day, y	vear):							

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Facility Name and A PPIN-GEORGETOWN OR (Facility Name and Address PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						ncy termination	County of pregna	ncy termination		
To		1	D. C.			1	··				
Patient's age** 32	Maı	ried Yes No	Date of pregr	12/12/2017		Educa	tion		ollege, No Degre	9	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black ☐ Other		an American	Unknown		y anic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	3				Number now d	leceased	0		
Other Termination		Number of spontaneou	0				Number of ind	uced termi	inations 3		
Dates of termination 1. 2013	s (Do	not include this termino 2. 2015	ation. If more t		those m	ost recent.)	5		6		
Fetus delivered alive		If yes, length of tir						Compli	cation(s) of Pregnar	cy Termination	
☐ Yes ■ 1	No							None	☐ Uter	ine Perforation	
Fatus viable?		If viable, medical	massam fan tam	ain ation .			1	Hemorrhag	ge 🔲 Cerv	rical Laceration	
Fetus viable? Yes I	No	ii viable, medical i	reason for tern	imation:				Infection	☐ Reta	ined Products	
						Other (Specify)					
Pathological examin	ation	If yes, results:									
performed?	No						Did thi	s terminati	on of pregnancy res	ult in a maternal death?	
							☐ Ye	s I N	O		
				Trons	of Torrai	nation Procedur	rac				
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I.D.		Туре с	or remin			15			
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsu Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsurgical) N (Nonsurgical) N	Misoprosto.	1		
Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsurgical) (Other (Spec	cify)		
		uction Curettage Ienstrual Aspiration					(Surgical) Sucti (Surgical) Men				
Medical (Surgio							(Surgical) Othe				
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing question	on.		For Medical ((Surgical) proceed	dures, answ	ver the following qu	estion.	
Was the fetus viabl ☐ Yes ☐		have a post fertilization	age at least 20	weeks?			us viable or have Yes 🔲 No	e a post fer	tilization age at leas	t 20 weeks?	
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	s.	If the previou	s question was a	ınswered y	es, complete the fol	lowing questions.	
		best opportunity to surv	ive?				us given the best	opportuni	ty to survive?		
	☐ No	etermination that the pr	agnant ware	had a comi	ition	_	Yes No	rmination t	that the program	man had a condition	
		ire to avert death or seri								rment to the pregnant	
woman?						woman?					
Date last normal mer	nses t	egan		Physician	estimate	e of gestation (i	'n weeks)	Post fe	ertilization age of th	e fetus (in weeks)	
How were the cost-t		0/24/2017 age and post fertilizatio	n aga data	-		6			4		
ULTRASOUND	ional	age and post termizatio	ıı age uetermir	ieu :							
Full name of physici DR. CAITLIN BERI											
Address of physician	n perf	orming termination (nur		t, city, state,	, and zip	code)					
8590 GEORGETOV	VVN F	OAD, INDIANAPOLI	o, IN 46268								
**Date Reported t	to DC	CS, if Patient under 14	4 (month, day,	year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/19/2017

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
Patient's age** 26	Mar	ried Yes I No	Date of pregn	ancy terminat 12/12/2017	tion	Educa	tion		ool Diploma or GED		
Race American Indian o		her Pacific Islander	Asian White	■ Black or □ Other	Africa	an American	Unknown		y vanic or Latino Hispanic or Latino		
Live Births:		Number now living	2				Number now	deceased	0		
Other Terminations	::	Number of spontaneou	s terminations				Number of in	nduced term	inations 0		
Dates of terminations 1. UNKNOWN	s (Do	not include this termina	tion. If more th	han six (6), th	ose mo	ost recent.)	5.		6.		
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	ed:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■ N	Ю							None	Uterine Perforation		
							п	Hemorrhag	ge Cervical Laceration		
Fetus viable?		If viable, medical r	eason for term	ination:				`	_		
☐ Yes ■ N							Infection	☐ Retained Products			
							Other (Spe	cify)			
Pathological examina	ition	If yes, results:									
performed? ☐ Yes ■ N						Did t	his terminati	ion of pregnancy result in a maternal death?			
							es 🔳 N				
_											
Type of Termination Procedures											
Procedure that Termi	nated	Pregnancy				Additional Pr	ocedure that T	erminated P	Pregnancy		
						Additional Procedure that Terminated Pregnancy					
Medical (Nonsur Medical (Nonsur						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol					
		Other (Specify)				Medical (Nonsurgical) Other (Specify)					
Medical (Surgical)	al) S	uction Curettage				☐ Medical	(Surgical) Su	ction Curetts	age		
☐ Medical (Surgica	al) N	Ienstrual Aspiration				Medical	(Surgical) Me	enstrual Asp	iration		
Medical (Surgical	al) C	ther (Specify)				☐ Medical	(Surgical) Otl	ner (<i>Specify</i>)			
For Medical (Surgica	l) pro	ocedures, answer the fol	lowing questio	n.		For Medical ((Surgical) proc	edures, ansv	wer the following question.		
Was the fetus viable	e or h	ave a post fertilization a	ige at least 20	weeks?		Was the feti	ıs viable or ha	ve a post fer	tilization age at least 20 weeks?		
	No		igo ar ioast 20	weeks.			res No	ve a pose rei	tinzation age at loast 20 weeks.		
If the previous questi	on w	as answered yes, comple	ete the following	ng questions.		If the previou	s question was	answered y	ves, complete the following questions.		
Was the fetus given	tha l	est opportunity to survi	va?			Was the fet	is given the be	et opportuni	ity to survive?		
Yes			ve:				res	st opportuin	ity to survive:		
What was the basis	for d	etermination that the pro	egnant woman	had a condition	on	What was th	ne basis for de	termination	that the pregnant woman had a condition		
that required the pro		re to avert death or serie				that require			ath or serious impairment to the pregnant		
woman?						woman?					
Date last normal men		-		Physician es	stimate	e of gestation (i	n weeks)	Post fo	ertilization age of the fetus (in weeks)		
How were the gestation	NKNOWN age and post fertilization	age determin	ed?		13			11			
ULTRASOUND		.8 I	8								
Full name of physicia	Full name of physician performing termination										
DR. CAITLIN BERN	IAR)									
	-	orming termination (num OAD, INDIANAPOLIS		t, city, state, a	nd zip	code)					
0390 GEURGETUW	VIN K	OAD, INDIANAPOLI	J, IIN 40208								
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					ity or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION		
Patient's age** 31	Marrie [ed ■ Yes □ No	Date of pregnancy ter		Educat	tion		nelor's Degree		
Race American Indian Native Hawaiian			☐ Asian ■ Bla		can American	☐ Unknown		y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living				Number now		0		
Other Termination	15.	umber of spontaneou	s terminations 0			Number of in	nduced termi			
Dates of termination	,	ot include this termin	ation. If more than six ((6), those n	ost recent.)	5.		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	No					•	None	☐ Uterine Perforation		
F		70 : 11 1: 1					Hemorrhag	ge Cervical Laceration		
Fetus viable? Yes	No	If viable, medical	reason for termination:		☐ Infection ☐ Retained Products					
					☐ Other (Specify)					
Pathological examin	ation	If yes, results:								
performed?	N				Did this termination of pregnancy result in a maternal dea					
☐ Yes ■					Did t					
						•				
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonst	urgical)	Mifepristone			☐ Medical	(Nonsurgical)	Mifepristor	ne		
Medical (Nonsu	urgical)	Misoprostol				(Nonsurgical) (Nonsurgical)	Misoprosto	1		
	irgicai)	Other (<i>specify</i>)			☐ Medicai	(Nonsurgicar)	Other (Spec	3(1)		
Medical (Surgion Medical (Surgio		tion Curettage astrual Aspiration				(Surgical) Sur (Surgical) Me				
Medical (Surgio						(Surgical) Otl				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical ((Surgical) proc	edures, ansv	ver the following question.		
	le or hav	re a post fertilization	age at least 20 weeks?		Was the fett		ve a post fer	tilization age at least 20 weeks?		
		answered yes, compl	ete the following quest	ions.	If the previou	s question was	answered y	es, complete the following questions.		
Was the fetus give ☐ Yes [st opportunity to surv	ive?			us given the be	est opportuni	ty to survive?		
What was the basis	s for dete	ermination that the m	regnant woman had a co	ondition	What was th	ne basis for de	ermination (that the pregnant woman had a condition		
			ious impairment to the					ath or serious impairment to the pregnant		
woman:					woman.					
Data 1	maa-1		Di ·	nion1'	te of gestation (i	la anos I)	D (C	multipation and of the feture ()		
Date last normal me	-	an 20/2017	Physic	nan estima	6	п weeks)	Post Id	ertilization age of the fetus (in weeks) 4		
How were the gestat	n age determined?				<u> </u>					
Full name of physic	_	rming termination								
Address of physician	n perform	-	mber and street, city, st	ate, and zip	p code)					
8590 GEORGETO	WN RO	AD, INDIANAPOL	S, IN 46268							
**Date Reported	to DCS,	, if Patient under 1	4 (month, day, year): _					_		

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Facility Name and A	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION						
Dations to			D-4f	:4:	1 -	4:-					
Patient's age** 31	Ma	rried Yes I No	Date of pregnancy term 12/12/201		Educa	tion		College, No Degree			
Race American Indian Native Hawaiian			☐ Asian ☐ Blac ☐ White ☐ Othe	k or African	n American		Ethnici His hknown Not	ty panic or Latino Hispanic or Latino			
Live Births:			0					0			
Other Termination		Number of spontaneou	1			Numt	ber of induced term	ninations 1			
Dates of termination 1. 2013	s (Do	not include this termin 2. UNKNOWN	ation. If more than six (6,), those mos	t recent.)		5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compl	ication(s) of Pregnancy Termination			
☐ Yes ■ 1	No						■ None	☐ Uterine Perforation			
T		76 : 11 1: 1					Hemorrha	ge Cervical Laceration			
Fetus viable? Yes	No	If viable, medical	reason for termination:				☐ Infection	Retained Products			
163							Other (Specify)				
Pathological examin	ation	If yes, results:						ectyy)			
performed?	ation	if yes, results.									
☐ Yes ■				Did this termination of pregnancy result in a maternal dea ☐ Yes ■ No							
								10			
Type of Termination Procedures											
Procedure that Term	inate	d Pregnancy			Additional Pr	ocedur	e that Terminated l	Pregnancy			
Medical (Nonsu	ıroica	1) Mifenristone			☐ Medical	(Nonsu	rgical) Mifepristo	ne			
Medical (Nonsu	ırgica	l) Misoprostol			Medical	(Nonsu	irgical) Misoprost	ol			
i Medicai (Nonst	ırgıca	l) Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)						
		Suction Curettage Menstrual Aspiration					cal) Suction Curett				
Medical (Surgio							cal) Other (Specify				
For Medical (Surgic	al) pr	ocedures, answer the fo	llowing question		For Medical (Surgica	al) procedures, ans	wer the following question.			
	_					_	_				
Yes [nave a post fertilization	age at least 20 weeks?			Yes [rtilization age at least 20 weeks?			
If the previous quest	ion w	as answered yes, comp	lete the following questio	ns.	If the previou	s quest	ion was answered	yes, complete the following questions.			
Was the fetus gives Yes		best opportunity to surv	vive?			us givei Yes [n the best opportur No	nity to survive?			
What was the basis	s for c	letermination that the pr	regnant woman had a con	dition	What was th	ne basis	s for determination	that the pregnant woman had a condition			
that required the programmer woman?	oced	ure to avert death or ser	ious impairment to the pr	egnant	that required woman?	d the pr	rocedure to avert de	eath or serious impairment to the pregnant			
woman:					woman:						
Date last normal me		oegan 10/10/2017	Physicia	ın estimate o	of gestation (i	n week.	Post i	fertilization age of the fetus (in weeks) 7			
=		age and post fertilization	on age determined?		<u> </u>			·			
ULTRASOUND											
Full name of physics	an na	rforming termination									
DR. CAITLIN BER	-	•									
	-	-	mber and street, city, stat	e, and zip c	ode)						
8590 GEORGETO	WN F	ROAD, INDIANAPOL	IS, IN 46268								
**Date Reported t	n Dr	CS if Patient under 1	4 (month, day, year):								
Date Reported (ט ט(, ii i atient under 1	¬ (топт, аау, year)					_			

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Facility Name and A	Addres	SS SECONOLITION BOAT	INDIANADOLIS	IN 46269	City or town, of pregnancy termination Coun				County of pregnar	ncy termination	
PPIN-GEORGETOWN OR	(PPGI)	- 8590 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268		INDIAN	IAPOLIS		MARION		
Patient's age**	Ma	rried	Date of pregn	nancy termi	nation	Educa	tion				
31	1114	Yes No		12/12/201			H		ool Diploma or GE	:D	
Race American Indian Native Hawaiian			Asian White	■ Black		an American	Unknown		y anic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	3				Number now o	leceased	0		
Other Termination	ıs:	Number of spontaneou	s terminations 0				Number of inc	luced termi	nations 1		
Dates of termination	is (Do	not include this termino	,			ost recent.)					
Fetus delivered alive	27	If yes, length of tir	me fetus surviv			4	5	Compli	cation(s) of Pregnance	cy Termination	
Yes I		in yes, tengun or un	10 10 10 10 10 10 10 10 10 10 10 10 10 1	cu.				None	☐ Uteri	ne Perforation	
								Hemorrhag	e □ Cervi	ical Laceration	
Fetus viable? Yes	No	If viable, medical i	reason for term	nination:		☐ Infection ☐ Retained Products					
					Other (Specify)						
Pathological examin	If yes, results:					Oulei (Spec	cijy)				
performed?		ii yes, resuits.									
☐ Yes ■						Did thi			ult in a maternal death?		
Type of Termination Procedures											
Procedure that Term	inate	d Pregnancy				Additional Pr	ocedure that Te	rminated Pr	regnancy		
☐ Medical (Nonsu							(Nonsurgical) 1				
☐ Medical (Nonsu☐ Medical (Nonsu☐	ırgica ırgica	Misoprostol Other (Specify)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgional Control Contro	cal) S	Suction Curettage				☐ Medical	(Surgical) Suct	ion Curetta	ıge		
	cal) N	Menstrual Aspiration					(Surgical) Men (Surgical) Othe	strual Aspi	ration		
(Surgit		outer (speegy)									
For Medical (Surgic	al) pr	ocedures, answer the fol	lowing questic			For Medical ((Surgical) proce	durae aneu	ver the following que		
	_										
Was the fetus viab. ☐ Yes [nave a post fertilization a	age at least 20	weeks?			Yes No	e a post ter	tilization age at least	20 weeks?	
If the previous quest	ion w	as answered yes, compl	ete the following	ng questior	1S.	If the previou	s question was a	answered y	es, complete the foll	owing questions.	
Was the fetus give		best opportunity to surv	ive?				us given the bes	t opportuni	ty to survive?		
		letermination that the pr	egnant woman	had a cond	dition	_	_	rmination t	hat the pregnant wor	man had a condition	
		ure to avert death or seri								ment to the pregnant	
woman:						woman:					
Date last normal me	nses l	pegan		Physician	n estimate	e of gestation (i	'n weeks)	Post fe	ertilization age of the	e fetus (in weeks)	
	(09/18/2017				13			11		
How were the gestat ULTRASOUND	age and post fertilization	ned?									
Full name of physici DR. CAITLIN BER	_	rforming termination									
Address of physician	n perf	orming termination (nur		t, city, state	e, and zip	code)					
8590 GEORGETO	WN F	ROAD, INDIANAPOLI	S, IN 46268								
**Date Reported t	to DO	CS, if Patient under 14	(month, day,	year):							

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29	Mar	ried Yes No	Date of pregn	ancy termi 12/12/201		Educa	tion			ter's Degree		
Race American Indian of Native Hawaiian of			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Terminations:		Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0		
Dates of terminations	(Do	not include this termina	tion. If more t	han six (6)	, those m	ost recent.)	I			<u> </u>		
1		2				4	1	5	Complic	ation(s) of Pregnan	cy Termination	
Fetus delivered alive? Yes No)	If yes, length of tin	ne tetus surviv	ea:				■ N	•	_	ine Perforation	
								_				
Fetus viable?	If viable, medical r	ination:		Hemorrhage Cervical Laceration								
Yes No)							☐ I	nfection	☐ Reta	ined Products	
									Other (Spec	rify)		
Pathological examination performed?	ion	If yes, results:										
Yes No	0										ult in a maternal death?	
☐ Yes ■ No)		
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
		•										
Medical (NonsurgMedical (Nonsurg									lifepriston Iisoprostol			
Medical (Nonsurg						Medical (Nonsurgical) Other (Specify)						
Medical (Surgical									on Curettag			
Medical (Surgical Medical (Surgical		enstrual Aspiration ther (Specify)							strual Aspir (Specify)	ation		
For Medical (Surgical)	pro	cedures, answer the fol	lowing question	on.		For Medical	(Surgica	ıl) proced	ures, answ	er the following qu	estion.	
-	-	ave a post fertilization a					_	_		ilization age at leas		
Yes Yes			igo ut loust 20	weeks.			Yes [u post rere	inzation age at leas	20 Weeks.	
If the previous question	n wa	as answered yes, comple	ete the following	ng question	1S.	If the previou	ıs questi	on was a	nswered ye	es, complete the following	owing questions.	
		est opportunity to survi	ve?						opportunit	y to survive?		
☐ Yes ☐						_	Yes [_				
		etermination that the pro re to avert death or seri-									man had a condition ment to the pregnant	
woman?						woman?						
Date last normal mens		egan NKNOWN		Physicia	n estimate	e of gestation (in weeks	<u> </u>	Post fer	rtilization age of the	e fetus (in weeks)	
How were the gestation		ge and post fertilization	n age determin	ed?		•				<u>J</u>		
ULTRASOUND												
Full name of physician DR. CAITLIN BERNA	_	-										
1 7 1		rming termination (num		t, city, state	e, and zip	code)						
8590 GEORGETOW	N R	OAD, INDIANAPOLI	S, IN 46268									
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):								

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Patient's age** 38	Marrie [ed ☐ Yes ■ No	Date of pregnancy ter		Educat	tion		ster's Degree		
Race American Indian Native Hawaiian			☐ Asian ■ Bla ☐ White ☐ Otl		can American	Unknown		y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living	4			Number now	deceased	0		
Other Termination	15.	umber of spontaneou	1			Number of in	nduced termi	inations 0		
Dates of termination		ot include this termin	ation. If more than six (6), those m	ost recent.)	5.		6		
Fetus delivered alive		If yes, length of tir	ne fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	NO					•	None	☐ Uterine Perforation		
Fetus viable?		If vishle medical	reason for termination:	Hemorrhage Cervical Laceration						
Yes •	No	ii viable, illedicai	reason for termination:		☐ Infection ☐ Retained Products					
					Other (Specify)					
Pathological examin	ation	If yes, results:			Guid (speedy)					
performed?	N									
☐ Yes ■				Did this termination of pregnancy result in a maternal deat Yes No						
						•				
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy								regnancy		
☐ Medical (Nons					☐ Medical	(Nonsurgical)	Mifepristor	ne		
Medical (Nonsi	urgical) urgical)	Misoprostol Other (Specify)			Medical Medical	(Nonsurgical) (Nonsurgical)	Misoprosto Other (Spec	l cify)		
	<i>6</i> ,	(-1.00)				(8)	(-7	337		
	1) 6					(2 1 1) 2				
	cal) Mer	nstrual Aspiration				(Surgical) Sur (Surgical) Me	enstrual Aspi	iration		
Medical (Surgional Control of the Medical Control of the Med	cal) Oth	er (Specify)			☐ Medical	(Surgical) Otl	ner (Specify)			
For Medical (Surgic	al) proce	edures, answer the fo	lowing question.		For Medical (Surgical) proc	edures, ansv	ver the following question.		
	le or hav	re a post fertilization	age at least 20 weeks?		Was the fett		ve a post fer	tilization age at least 20 weeks?		
If the previous quest	tion was	answered yes, compl	ete the following quest	ions.	If the previou	s question was	answered y	es, complete the following questions.		
Was the fetus give		st opportunity to surv	ive?			us given the be	est opportuni	ty to survive?		
			egnant woman had a co					that the pregnant woman had a condition		
that required the pay	rocedure	to avert death or seri	ous impairment to the	pregnant	that required woman?	d the procedur	e to avert de	ath or serious impairment to the pregnant		
Data last normal	nees ba-	an	Dlav:-	ian action-	te of gostation (n weeks)	Doot f.	artilization aga of the fetus (in weeks)		
Date last normal me	_	an KNOWN	Physic	ian estimat	te of gestation (i	n weeks)	Post fo	ertilization age of the fetus (in weeks) 6		
How were the gestat	tional ag	e and post fertilization	n age determined?				<u>I</u>			
OLINASOUND										
Full name of physic DR. CAITLIN BER	_	orming termination								
Address of physicia	n perform	-	nber and street, city, st	ate, and zip	o code)					
8590 GEORGETO	WN RO	AD, INDIANAPOL	S, IN 46268							
**Date Reported	to DCS,	if Patient under 1	4 (month, day, year): _					_		

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
D. C. A. State			D. C	• ,•	1						
Patient's age** 19	Ma	rried Yes I No	Date of pregnancy term 12/12/201		Educa	tion		ool Diploma or GED			
Race American Indian Native Hawaiian		ther Pacific Islander	Asian Blac White Othe	k or African	American	_	known • Not	panic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	0				per now deceased	0			
Other Termination	s:	Number of spontaneou	us terminations 0			Numb	per of induced term	ninations 0			
Dates of termination	s (Da		ation. If more than six (6)		t recent.)		5	6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compl	ication(s) of Pregnancy	Termination		
☐ Yes ■	No						None	☐ Uterine	Perforation		
							☐ Hemorrha	ge 🔲 Cervica	al Laceration		
Fetus viable? Yes	No	If viable, medical	reason for termination:				☐ Infection	□ Retains	ed Products		
	NO								a Hoducts		
					Other (Specify)						
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■				Did this termination of pregnancy result in a maternal dea ☐ Yes ■ No							
							Yes • N	No			
			Type	of Termina	tion Procedu	es					
Procedure that Term	inoto	d Pregnancy	- 7 50				e that Terminated I	Oregnancy			
_		•						•			
☐ Medical (Nonsu☐ Medical (Nonsu☐							rgical) Mifepristo rgical) Misoprosto				
		l) Other (Specify)			Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro	cal) S	Suction Curettage			☐ Medical	(Surgic	eal) Suction Curett	age			
	cal) N	Menstrual Aspiration			Medical	(Surgic	cal) Menstrual Asp	piration			
Wiedical (Surgio	<i>(</i> ai)	other (specify)			Wicalcar	(Surgic	ai) Outer (specify	,			
									_		
For Medical (Surgic	al) pr	ocedures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
	le or l	have a post fertilization o	age at least 20 weeks?			us viabl Yes [rtilization age at least 2	0 weeks?		
If the previous quest	ion w	vas answered yes, comp	lete the following questio	ns.	If the previou	s quest	ion was answered	yes, complete the follow	ving questions.		
Was the fetus give:		best opportunity to surv	rive?			us givei Yes [n the best opportun	ity to survive?			
			regnant woman had a con					that the pregnant woma			
that required the programmer woman?	oced	ure to avert death or ser	ious impairment to the pr	egnant	that require woman?	d the pr	ocedure to avert de	eath or serious impairm	ent to the pregnant		
Worlden't					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			T								
Date last normal me		oegan 1 0/12/2017	Physicia	ın estimate o	of gestation (i	n week:	s) Post f	Pertilization age of the form	etus (in weeks)		
How were the gestat		age and post fertilization	on age determined?		<u> </u>			•			
OLINASOUND											
Full name of physics	an na	erforming termination									
DR. CAITLIN BER	-	•									
	-	-	mber and street, city, stat	e, and zip c	ode)						
8590 GEORGETO	WN F	ROAD, INDIANAPOL	IS, IN 46268								
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addres	SS - 8590 GEORGETOWN ROAL	D, INDIANAPOLIS, IN, 46268	City or t	own, of pregna	•	County of pregnancy termination MARION				
				INDIAN	-A1 UL			INVINIA		
Patient's age** 18	rried Yes • No	Date of pregnancy term 12/12/201		Educat	tion	s	ome Coll	ege, No Degree		
Race American Indian or Al Native Hawaiian or O		☐ Asian ☐ Black ☐ White ☐ Othe		an American	☐ Uni			ic or Latino spanic or Latino		
Live Births:	Number now living	0			Numb	er now dec	ceased	0		
Other Terminations:	Number of spontaneou	s terminations			Numb	er of induc	ed termina	tions 0		
Dates of terminations (Do	not include this termine	ation. If more than six (6)), those mo	ost recent.)				<u> </u>		
1	2	3		4		5		6		
Fetus delivered alive? Yes No	If yes, length of tin	ne fetus survived:					Complicat	tion(s) of Pregnancy Termination		
163 170						■ No	one	☐ Uterine Perforation		
Fetus viable?	If viable medical	reason for termination:				□ Не	emorrhage	☐ Cervical Laceration		
Yes No	n viable, medicar	reason for termination.				☐ Inf	fection	☐ Retained Products		
					□ Oti	her (<i>Specif</i>	(v)			
Pathological examination	If yes, results:						ner (speed)	,,		
performed?	,,									
☐ Yes ■ No						Did this t ☐ Yes	termination No	of pregnancy result in a maternal dea	th?	
		Туре	of Termir	nation Procedur	res					
Procedure that Terminated	d Pregnancy			Additional Pr	ocedure	that Term	inated Pres	pnancy		
	•						,	5		
Medical (NonsurgicaMedical (Nonsurgica	d) Misoprostol			 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 						
☐ Medical (Nonsurgica	l) Other (Specify)			☐ Medical	(Nonsu	rgical) Oth	her (<i>Specif</i> y	v)		
Medical (Surgical) S				Medical	(Surgic	al) Suction	n Curettage		-	
☐ Medical (Surgical) Medical (Surgical) O						al) Menstr al) Other (tion		
- W 1: 1 (G : 1)	1			For Medical (Surgical) procedures, answer the following question.						
For Medical (Surgical) pro		• .								
Was the fetus viable or l ☐ Yes ☐ No	1	age at least 20 weeks?		_	ıs viable Yes □	_	post fertili	ization age at least 20 weeks?		
If the previous question w	vas answered yes, compl	ete the following question	ns.	If the previou	s questi	ion was ans	swered yes	, complete the following questions.		
Was the fetus given the ☐ Yes ☐ No	11 .	ive?		Was the fett	us given Yes [pportunity	to survive?		
		egnant woman had a con	dition	_		_	nination the	at the pregnant woman had a condition		
that required the procedu		ous impairment to the pro		that required				or serious impairment to the pregnan		
woman?				woman?						
			l							
Date last normal menses b	oegan 10/22/2017	Physicia	n estimate	e of gestation (i	n weeks	s)	Post ferti	ilization age of the fetus (in weeks) 6		
How were the gestational	age and post fertilizatio	n age determined?					I			
ULTRASOUND										
Full name of physician pe DR. CAITLIN BERNARI										
Address of physician perf 8590 GEORGETOWN F	-		e, and zip	code)						
**Date Reported to DO	CS, if Patient under 14	4 (month. day. year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268							ncy termination	County of pregna	ncy termination			
						T _						
Patient's age** 38	Mar	ried Yes I No	Date of pregr	nancy termin		Educa	tion		nelor's Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black ☐ Other		an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2				Number now o	leceased	0			
Other Terminations	s:	Number of spontaneou	s terminations 0				Number of inc	luced termi				
Dates of terminations	s (Do	not include this termino	ation. If more t		those me	ost recent.)	5		6			
Fetus delivered alive	?	If yes, length of tin						Compli	cation(s) of Pregnan	cy Termination		
☐ Yes ■ N	Ю						■	None	☐ Uter	ine Perforation		
						Hemorrhage Cervical Laceration						
Fetus viable? Yes N	If viable, medical	nination:		☐ Infection ☐ Retained Products								
i es i No							Other (Specify)					
Pathological examina	ation	If yes, results:						Outer (Spec	cijy)			
performed?												
☐ Yes ■ N					Did this termination of pregnancy result in a maternal death Yes No							
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsur	rgical) Mifepristone				☐ Medical	(Nonsurgical) I	Mifepriston	ne			
Medical (Nonsur) Misoprostol) Other (<i>Specify</i>)					(Nonsurgical) I (Nonsurgical)					
	igicai) Giller (Speedy)										
	1) 0						(G : 1) G					
	al) M	lenstrual Aspiration					(Surgical) Suct (Surgical) Men	strual Aspi	ration			
Medical (Surgical	al) O	ther (Specify)				☐ Medical	(Surgical) Othe	er (Specify)				
For Medical (Surgica	ıl) pro	cedures, answer the fol	lowing question	on.		For Medical ((Surgical) proce	dures, answ	ver the following qu	estion.		
Was the fetus viable Yes		ave a post fertilization	age at least 20	weeks?			us viable or have Yes No	e a post fert	tilization age at leas	t 20 weeks?		
If the previous question	on wa	as answered yes, compl	ete the followi	ng question	ıs.	If the previou	s question was a	answered ye	es, complete the fol	lowing questions.		
	the b	pest opportunity to surv	ive?				us given the bes Yes \(\partial\) No	t opportuni	ty to survive?			
	_	etermination that the pr	agnant wares	had a cord	lition		_	rmination f	hat the program	man had a condition		
that required the pro		re to avert death or seri				that require				man had a condition rment to the pregnant		
woman?						woman?						
				T								
Date last normal men		egan 0/01/2017		Physician	n estimate	e of gestation (i	n weeks)	Post fe	ertilization age of th 8	e Ietus (in weeks)		
_	onal	age and post fertilization	n age determin	ned?				ı				
ULTRASOUND												
Full name of physicia	an nei	forming termination										
DR. CAITLIN BERN	IARE)										
	-	orming termination (num OAD, INDIANAPOLI		t, city, state	, and \overline{zip}	code)						
320.02.01		,										
**Date Reported to	o DC	S, if Patient under 14	1 (month, day,	year):					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						ity or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
38	Mari	ried Yes No	Date of pregn	ancy termi 12/12/201		Educa	tion			llege, No Degre	•	
Race American Indian o Native Hawaiian o			Asian White	☐ Black		an American	☐ Un	known		nic or Latino Iispanic or Latino	☐ Unknown	
Live Births:		Number now living	2				Numb	er now d		0		
Other Terminations	:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0		
Dates of terminations	(Do	not include this termina	,	han six (6),	, those mo	ost recent.)				<u>-</u>		
Fetus delivered alive?)	If yes, length of tin	ne fetus surviv	ed·		4		5	Complic	ation(s) of Pregnar	cy Termination	
Yes N		in yes, rengan or an	ne retas sur er					■ N	None	☐ Uter	ine Perforation	
	If viable, medical r					_ □ 1	Hemorrhage	— e ∏ Cerv	rical Laceration			
Fetus viable? ☐ Yes ■ N					nfection	_	ined Products					
									Other (Spec	_		
Pathological examina	tion	If yes, results:							outer (spee	957		
performed? ☐ Yes ■ N	Jo							Did this	terminatio	on of pragnancy res	ult in a maternal death?	
								Yes			un in a maternal death:	
Type of Termination Procedures												
Procedure that Termin	nated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	egnancy		
Medical (NonsurMedical (Nonsur									lifepristone	e		
Medical (Nonsur						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgica		uction Curettage Jenstrual Aspiration							on Curettag strual Aspir			
Medical (Surgical Medical Medical (Surgical Medical Medica									(Specify)	ation		
For Medical (Surgical	l) pro	cedures, answer the fol	lowing question	on.		For Medical	(Surgica	l) proced	ures, answ	er the following qu	estion.	
Was the fetus viable		ave a post fertilization a	age at least 20	weeks?			us viabl		a post ferti	ilization age at leas	t 20 weeks?	
			-4- 41 6 -11:			_	_	_		1-4-41 £-1	1	
		as answered yes, comple		ng questior	18.	•	•		•	s, complete the fol	lowing questions.	
Was the fetus given Yes		est opportunity to survi	ive?				us given Yes [opportunit	y to survive?		
		etermination that the pro-									man had a condition	
that required the pro- woman?	ocedu	re to avert death or seri-	ous impairmen	it to the pre	egnant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impai	rment to the pregnant	
Date last normal men		•		Physician	n estimate	e of gestation (in weeks	:)	Post fer	rtilization age of th	e fetus (in weeks)	
How were the gestation		11/2017 age and post fertilization	n age determin	ed?		7				5		
ULTRASOUND												
Full name of physicia DR. CAITLIN BERN	_	-										
1 7		orming termination (num		t, city, state	e, and zip	code)						
8590 GEORGETOW	/NR	OAD, INDIANAPOLI	S, IN 46268									
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-		

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Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	SS - 8590 GEORGETOWN ROAD, INDIANAP(OLIS, IN, 46268	or town, of pregna	ncy termination		County of pregnancy termination MARION				
Patient's age** Ma	. 1 Data of n	regnancy termination	n Educa	tion		7				
Patient's age Ma	rried Date of p ☐ Yes ■ No	12/12/2017	Educa		ligh Schoo	ol Diploma or GED				
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	■ Black or A	frican American	Unknown	Not H	nic or Latino 🔲 Unknown				
Live Births:	Number now living	2		Number now d	leceased	0				
Other Terminations:	Number of spontaneous terminati	ions O		Number of ind	uced termin	ations 0				
Dates of terminations (Do	o not include this termination. If mo	ore than six (6), thos	e most recent.)							
1	2 3		4	5	C1:	6				
Fetus delivered alive? Yes No	If yes, length of time fetus su	ırvived:			_	ation(s) of Pregnancy Termination				
					None	Uterine Perforation				
Fetus viable?	If viable, medical reason for	termination:		I	Hemorrhage	☐ Cervical Laceration				
☐ Yes ■ No	,			_ I	Infection	☐ Retained Products				
					Other (Speci	fy)				
Pathological examination	If yes, results:									
performed? ☐ Yes ■ No				Didebi	a tampinatia	n of amount and any most in a most amount dooth?				
L les L No						n of pregnancy result in a maternal death?				
		Type of Te	rmination Procedu	res						
Procedure that Terminate	d Pragnancy	7.		ocedure that Ter	minated Dra	amanev				
			_							
Medical (Nonsurgical Medical Med				(Nonsurgical) N (Nonsurgical) N						
Medical (Nonsurgica			Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)	Suction Curettage		_ Medical	(Surgical) Sucti	ion Curettag	e				
	Menstrual Aspiration		☐ Medical	(Surgical) Mens	strual Aspira					
i Wedicai (Surgicai)	Outer (Specify)		☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical) pr	rocedures, answer the following que	estion.	For Medical ((Surgical) proceed	dures, answe	er the following question.				
	have a post fertilization age at leas	t 20 weeks?			e a post fertil	lization age at least 20 weeks?				
☐ Yes ☐ N	0			Yes No						
If the previous question v	vas answered yes, complete the foll	lowing questions.	If the previou	s question was a	inswered yes	s, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes \(\sime\) No	opportunity	to survive?				
				_						
	determination that the pregnant wo lure to avert death or serious impair					at the pregnant woman had a condition h or serious impairment to the pregnant				
woman?	•	1 0	woman?	1						
Date last normal menses	began	Physician esti	mate of gestation (i	n weeks)	Post fert	tilization age of the fetus (in weeks)				
	11/14/2017		9			7				
How were the gestational ULTRASOUND	age and post fertilization age deter	rmined?								
CLINASCOND										
Full name of physician po	Full name of physician performing termination									
DR. CAITLIN BERNAR	=									
1 , 1	forming termination (number and s		zip code)							
8590 GEORGETOWN I	ROAD, INDIANAPOLIS, IN 462	68								
**Date Reported to Do	CS, if Patient under 14 (month, a	day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	SS) - 8590 GEORGETOWN ROAD, INDIANA	POLIS, IN, 46268	City or town, of pregnancy termination INDIANAPOLIS			of pregnancy termination MARION				
Datient's**			m F1	tion						
25	rried Date of Yes No	pregnancy termination 12/19/2017	on Educa		Some College, N	o Degree				
Race American Indian or A Native Hawaiian or O	_	=	African American	Unknown	Ethnicity ☐ Hispanic or La ■ Not Hispanic of					
Live Births:	Number now living	2		Number now de	ceased 0					
Other Terminations:	Number of spontaneous termina	ations		Number of indu	ced terminations					
	l o not include this termination. If n	nore than six (6), thos	se most recent.)			,				
1. 2014	2 3		4	5	G 1: ()	6				
Fetus delivered alive? Yes No	If yes, length of time fetus	survived:			_	of Pregnancy Termination				
				■ N	one	Uterine Perforation				
Fetus viable?	If viable, medical reason fo	r termination:		— Н	emorrhage	Cervical Laceration				
☐ Yes ■ No				☐ In	fection	☐ Retained Products				
					ther (Specify)					
Pathological examination	If yes, results:									
performed? ☐ Yes ■ No				Did this	termination of pres	gnancy result in a maternal death?				
	•									
		Type of Te	ermination Procedu	res						
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurgica	al) Mifepristone		☐ Medical	(Nonsurgical) M	ifepristone					
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica				Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
	, C (2p 95)			(=	(~ F 9))					
			_							
	Menstrual Aspiration			(Surgical) Suctio (Surgical) Menst	rual Aspiration					
Medical (Surgical)	Other (Specify)		☐ Medical	☐ Medical (Surgical) Other (Specify)						
				_						
For Medical (Surgical) pr	rocedures, answer the following q	uestion.	For Medical	(Surgical) procedu	res, answer the fol	lowing question.				
	have a post fertilization age at lea	ast 20 weeks?			post fertilization a	age at least 20 weeks?				
☐ Yes ■ N	Го			Yes No						
If the previous question w	vas answered yes, complete the fo	ollowing questions.	If the previou	s question was an	swered yes, comple	ete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best of Yes \text{No}	opportunity to survi	ive?				
	determination that the pregnant w					egnant woman had a condition				
	lure to avert death or serious impa					ous impairment to the pregnant				
woman.			woman.							
Data last1	hagan	Di! 1 11	imate of/ /' /'	la supol1	Dogt for will at	age of the fater /time to				
Date last normal menses	began 11/04/2017	Pnysician esti	imate of gestation (i	n weeks)	Post Tertilization	age of the fetus (in weeks) 4				
_	age and post fertilization age det	ermined?			1					
ULTRASOUND										
Full name of physician pe DR. CAITLIN BERNAR	=									
Address of physician perf	forming termination (number and		d zip code)							
8590 GEORGETOWN F	ROAD, INDIANAPOLIS, IN 46	268								
**Date Reported to DO	CS, if Patient under 14 (month,	day, year):								

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Facility Name and Add PPIN-GEORGETOWN OR (PP	cility Name and Address INDIANAPOLIS City or town, of pregnancy termination INDIANAPOLIS MARION County of pregnancy termination MARION											
						02						
24	1arried	l] Yes ■ No		ancy termination 2/19/2017	Educa	tion		Some Colle	ege, No De	gree		
Race American Indian or Native Hawaiian or	Other	Pacific Islander	Asian White	■ Black or Af □ Other	rican American		known		c or Latino panic or Lati	no	Unknown	
Live Births:	Nu	mber now living	1				er now d		0			
Other Terminations:	Nu	imber of spontaneou	s terminations 0			Numb	er of ind	uced termina	ions 1			
Dates of terminations (1												
Fetus delivered alive? Yes No		If yes, length of tir			4		5	None	on(s) of Preg	Uterine Pe	rforation	
Fetus viable? ☐ Yes ■ No		If viable, medical r	reason for termi	nation:			☐ I	Hemorrhage Infection Other (Specify)		Cervical La		
Pathological examination performed? Yes No Did this termination of pregnancy result in a maternal death? Yes No No											n maternal death?	
Type of Termination Procedures												
Procedure that Termina	ted Pr	egnanev		7 1	Additional P		e that Ter	minated Pres	nancv			
Medical (Nonsurgi Medical (Nonsurgi Medical (Nonsurgi	Mifepristone Misoprostol		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Men	strual Aspiration			☐ Medical	(Surgic	al) Mens	on Curettage strual Aspirat r (Specify)	ion			
For Medical (Surgical)	proced	lures, answer the fol	lowing question	1.	For Medical	(Surgica	al) proced	lures, answer	the following	g question.		
Was the fetus viable of Yes ■		e a post fertilization a	age at least 20 v	veeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous question	was a	nswered yes, comple	ete the followin	g questions.	If the previou	ıs questi	ion was a	nswered yes,	complete the	following	questions.	
Was the fetus given th ☐ Yes ☐		opportunity to survi	ive?			us giver Yes [opportunity	o survive?			
What was the basis for that required the process woman?											ad a condition to the pregnant	
Date last normal mense	s bega	n		Physician estim	nate of gestation (in weeks	s)	Post ferti	lization age o	of the fetus	(in weeks)	
How were the gestation		(NOWN	n aga datamai	nd?	10					8		
ULTRASOUND	iai age	and post fertilization	n age determine	sa ?								
Full name of physician DR. CAITLIN BERNA		ming termination										
Address of physician po		-		city, state, and	zip code)							
**Date Reported to I	DCS,	if Patient under 14	(month, day, y	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/19/2017

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Facility Name and Addre	ess) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City of	r town, of pregnar	ncy termination	Cour	nty of pregnancy termination MARION				
Patient's age** Ma	arried Date of preg	nancy termination	Educat	ion	Associate	Degree				
Race American Indian or A Native Hawaiian or O	Alaska Native Asian Other Pacific Islander White	Black or Afri	ican American	Unknown	Ethnicity Hispanic or Not Hispan	Latino				
Live Births:	Number now living 2			Number now dec	eased	0				
Other Terminations:	Number of spontaneous terminations 0	S		Number of induc	ed terminations	s 0				
Dates of terminations (De	o not include this termination. If more	than six (6), those r	most recent.)							
Fetus delivered alive? Yes No	If yes, length of time fetus survi	ved:	4	5	Complication(s) of Pregnancy Termination				
				■ No	one	Uterine Perforation				
Fetus viable?	If viable, medical reason for terr	mination:			morrhage	Cervical Laceration				
Yes No	in vincio, medical reason for terr			☐ Inf	ection	☐ Retained Products				
				☐ Oti	her (Specify)					
Pathological examination If yes, results:										
performed? ☐ Yes ■ No				Did this to	ermination of p	oregnancy result in a maternal death?				
				103	<u> </u>					
Type of Termination Procedures										
.	10	Type of Term			=					
Procedure that Terminate	ed Pregnancy		Additional Pro	ocedure that Termi	inated Pregnan	cy				
 Medical (Nonsurgical Medical M	al) Misoprostol		 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 							
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		☐ Medical	(Surgical) Suction (Surgical) Menstr (Surgical) Other (ual Aspiration					
For Medical (Surgical) pr	rocedures, answer the following questi	on.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at least 20	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous question v	was answered yes, complete the follow	ing questions.	If the previous	s question was ans	wered yes, con	nplete the following questions.				
Was the fetus given the Yes N	best opportunity to survive? To			is given the best of Yes No	pportunity to su	urvive?				
	determination that the pregnant woman dure to avert death or serious impairme					pregnant woman had a condition serious impairment to the pregnant				
Date last normal menses	began 10/21/2017	Physician estima	ate of gestation (in	n weeks)	Post fertilizat	tion age of the fetus (in weeks) 6				
	l age and post fertilization age determi	ned?				·				
Full name of physician po	_									
1 7 1	forming termination (number and street ROAD, INDIANAPOLIS, IN 46268	et, city, state, and zi	ip code)							
	·									
**Date Reported to Do	CS, if Patient under 14 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PPIN-GEORGETOWN OR (PPG	ess I) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or to		ncy termination	County of pregnancy termination MARION					
			1								
Patient's age** 22	arried Yes No	Date of pregnancy ter 12/19/2		Educat	ion		ollege, No Degree				
Race American Indian or A Native Hawaiian or C			ack or Africar her	n American	☐ Unknown		nnic or Latino Hispanic or Latino				
Live Births:	Number now living				Number now		0				
Other Terminations:	Number of spontaneou				Number of inc	duced termin					
Dates of terminations (D	I Do not include this termin	ation. If more than six	(6), those mos	st recent.)			0				
1		3	4.		5		6				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of tin	me fetus survived:				•	cation(s) of Pregnanc	y Termination			
					•	None	☐ Uterin	e Perforation			
Fetus viable?	If viable, medical	reason for termination:				Hemorrhage	e Cervio	cal Laceration			
☐ Yes ■ No						Infection	☐ Retain	ed Products			
						Other (Spec	cify)				
Pathological examination	n If yes, results:										
performed? Yes • No				Did this tempination of an array are the state of the sta							
				Did this termination of pregnancy result in a maternal death? Yes No							
Type of Termination Procedures											
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure that Te	rminated Pr	regnancy				
☐ Medical (Nonsurgic	cal) Mifepristone			☐ Medical	(Nonsurgical)	Mifepriston	e				
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic	cal) Misoprostol										
iviculear (Ivolisurgie	an) Other (specify)			iviculcai	(Ivonsuigical)	Other (Spec	<i>(Jy)</i>				
Medical (Surgical)Medical (Surgical)	Suction Curettage Menstrual Aspiration				(Surgical) Suct (Surgical) Men						
Medical (Surgical)					(Surgical) Othe						
For Medical (Surgical) p	procedures, answer the following	llowing question.		For Medical (Surgical) proce	dures, answ	er the following ques	stion.			
	have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ■ N	No			□ 7	es No						
If the previous question	was answered yes, compl	lete the following quest	ions.	If the previou	s question was	answered ye	es, complete the follo	wing questions.			
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv	rive?			is given the bes	t opportunit	y to survive?				
				_	_						
	determination that the pr dure to avert death or seri						hat the pregnant wom th or serious impairn				
woman?				woman?							
			ı								
Date last normal menses	•	Physic	cian estimate	of gestation (i	n weeks)	Post fe	rtilization age of the	fetus (in weeks)			
How were the gestationa	UNKNOWN al age and post fertilization	on age determined?		10			8				
ULTRASOUND	J F	<u></u>									
Full name of physician p	-										
Address of physician per	,		ate, and zip c	rode)							
8590 GEORGETOWN	KOAD, INDIANAPOLI	is, IN 46268									
**Date Reported to D	CS, if Patient under 14	4 (month, day, year): _					_				

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Facility Name and Addre	ess) - 8590 GEORGETOWN ROAD, INDIANA	POLIS, IN, 46268	or town, of pregna	ncy termination	County of pregnancy termination MARION					
	arred	pregnancy terminatio	n Educa							
Race American Indian or A Native Hawaiian or C		=	African American	Ethn	achelor's Degree icity Hispanic or Latino Not Hispanic or Latino					
Live Births:	Number now living	1		Number now decease	d 0					
Other Terminations:	Number of spontaneous termina	ations 0		Number of induced to	erminations 0					
Dates of terminations (De	o not include this termination. If r	nore than six (6), thos	se most recent.)		-					
I	2		4	5	nplication(s) of Pregnancy Termination					
Fetus delivered alive? Yes No	If yes, length of time fetus	survived:		_						
				■ None	Uterine Perforation					
Fetus viable?	If viable, medical reason fo	r termination:		Hemor	rhage					
☐ Yes ■ No				☐ Infection	on Retained Products					
				Other (Specify)					
Pathological examination performed?	If yes, results:									
Yes No Did this termination of pregnancy result in a maternal										
				☐ Yes ■	No					
		Type of Te	ermination Procedur	res						
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Terminate	ed Pregnancy					
Medical (Nonsurgic				(Nonsurgical) Mifepri						
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical /li>			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
☐ Medical (Surgical)	Suction Curattaga		_ Medical	(Surgical) Suction Cur	rattaga					
☐ Medical (Surgical)	Menstrual Aspiration			(Surgical) Menstrual A	Aspiration					
☐ Medical (Surgical)	Other (Specify)		Medical	(Surgical) Other (Spec	r(fy)					
For Medical (Surgical) p	rocedures, answer the following q	uestion.	For Medical (For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at lea	sst 20 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
	was answered yes, complete the fo	Moving questions		_	ed yes, complete the following questions.					
•	• •	mowing questions.		•						
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best oppor Yes \text{No}	tunity to survive?					
What was the basis for	determination that the pregnant w	oman had a condition	What was th	ne basis for determinati	on that the pregnant woman had a condition					
	lure to avert death or serious impa				t death or serious impairment to the pregnant					
woman.			woman.							
Data last names 1	hagan	Dhymi-i	mote of cost-ti /	n waaka)	at fartilization ago of the feture (in the late)					
Date last normal menses	10/27/2017	rnysician esti	mate of gestation (<i>i</i>	n weeks) Po	st fertilization age of the fetus (in weeks) 5					
=	l age and post fertilization age det	ermined?		<u>_</u>						
ULTRASOUND										
Fall and C. L. C.										
Full name of physician p DR. CASANDRA CASI	=									
	forming termination (number and		l zip code)							
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 46	268								
**Date Reported to D	CS, if Patient under 14 (month,	day, year):								

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Facility Name and Address LANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, AFAYETTE, IN, 47905					City or tow	City or town, of pregnancy termination LAFAYETTE			County of pregnancy termination TIPPECANOE			
To the state	1					151						
Patient's age** 22	Marrie [ed Yes • No	Date of pregn	nancy terminal 12/05/201		Educat	ion		ollege, No Degree			
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black	or African	American	☐ Unknown		y anic or Latino Hispanic or Latino			
Live Births:	N	lumber now living					Number now		0			
Other Termination	s: N	Tumber of spontaneo					Number of inc	duced termi				
Dates of termination	s (Do no	ot include this termin	nation. If more ti	han six (6),	those most	recent.)			<u> </u>			
1. 10/04/2016		2	3		4		5	C 1'	6			
Fetus delivered alive		If yes, length of the	ime fetus surviv	red:				Compli	cation(s) of Pregnancy Termination			
								None	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for term	nination:				Hemorrhag	ge Cervical Laceration			
☐ Yes ■	No							Infection	☐ Retained Products			
						☐ Other (Specify)						
Pathological examin	ation	If yes, results:										
performed? Yes	No					Did this termination of pregnancy result in a maternal dea						
							☐ Ye					
				Type	of Terminat	ion Procedur	es					
Procedure that Term	inated F	Pregnancy			A	Additional Pro	ocedure that Te	rminated P	regnancy			
■ Medical (Nonsurgical) Mifepristone						Medical (Nonsurgical) Mifepristone						
Medical (Nonsu Medical (Nonsu						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio	ral) Suc	tion Curettage			_	Medical ((Surgical) Suct	ion Curetta	nge			
☐ Medical (Surgio	cal) Me	nstrual Aspiration			[■ Medical ((Surgical) Mer	strual Aspi	iration			
Medical (Surgio	cai) Oth	er (Specify)				Medical ((Surgical) Othe	er (Specify)				
For Medical (Surgic	al) proce	edures, answer the fo	ollowing questio	on.	F	For Medical (Surgical) proce	dures, answ	ver the following question.			
Was the fetus viab ☐ Yes [ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, comp	lete the following	ng question	ns. I	f the previous	s question was	answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [st opportunity to sur	vive?				is given the bes	t opportuni	ty to survive?			
		ermination that the p							that the pregnant woman had a condition			
that required the property woman?	rocedure	e to avert death or ser	rious impairmen	nt to the pre	egnant	that required woman?	l the procedure	to avert dea	ath or serious impairment to the pregnant			
Date last normal me	nses beg	ran		Physician	n estimate o	f gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
	10/	/04/2017				9			7			
How were the gestat ULTRASOUND	ional ag	e and post fertilization	on age determin	ied?								
Full name of physici	-	-										
Address of physician			umber and street	t, city, state	e, and zip co	ode)						
200 S. MERIDIAN	_	=										
**Date Reported t	to DCS	, if Patient under 1	4 (month, day	year):								
F			,	- /								

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Patient's age* Matried Matried No. No. 1205/2017 Education Edu		LANNEĎ PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE,						City or town, of pregnancy termination LAFAYETTE				termination ANOE	
Received a five Marker Humanian or Other Pecific Islander Marker	_	Marr				Educa	tion						
Antice favoration of Other Pecific Blander Nation Nation Nation Hinganic or Lation Unknown			∐ Yes ■ No	12/05/20	17								
Other Terminations: Number of syntamenous terminations Other Terminations: Other Internations: Other Internation:	American Indian	or Oth	er Pacific Islander			merican			☐ Hispa ■ Not I	anic or Latino	0	Unknown	
Date list normal notes: O	Live Births:]	Number now living	0_			Numbe	er now d	eceased	0			
Fettus defivered alive? Yes No	Other Termination	s:	Number of spontaneou	us terminations 0			Numbe	er of ind	uced termi				
Fetus visible? Mexical None Mexical reason for termination: Mexical Representation None Mexical Rectance Mexical	Dates of termination	s (Do i		,	· ·	ecent.)		5		6			
Petus viable?	Fetus delivered alive	 e?			4			3	Compli	cation(s) of Pregr	nancy 7	Termination	
Feus wishe? No If vis. results:			12) 22, 231.812 22 22					1	None	Пυ	terine l	Perforation	
Feus wishe? No If vis. results:						☐ Hemorrhage ☐ Cervical Laceration							
Pathological examination performed		N.o.	If viable, medical	reason for termination:									
Pathological examination performed? Yes No	i res 🛅 i	NO											
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Miseprostol Medical (Nonsurgical) Misep	5		1.0						Other (Spec	cify)			
Type of Termination Procedures Additional Procedure that Terminated Pregnancy		ation	If yes, results:										
Type of Termination Procedures Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Physician estimate of gestation (in weeks) Address of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code)	☐ Yes ■	No											
Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No No Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No No Yes No Yes No Yes No No Yes No No Yes No Y						∐ Yes ■ No							
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Spec		Type of Termination Procedures											
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other	Medical (Nonsu	ırgical	Mifepristone			Medical	(Nonsur	gical) N	//Iifepriston	e			
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) For Medical (Surgical) Other (Specify) For Medical (Surgical) Other (Specify) For Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Pertinuity to survive? Previous question was answered yes, complete the following question. Was the fetus given the best opportunity to survive? Previous question was answered yes, complete the following question. Was the fetus given the best opportunity to survive? Previous question was answered yes, complete the follow	Medical (Nonsu	ırgical)	Misoprostol		=	☐ Medical (Nonsurgical) Misoprostol							
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)	iviedicai (Ivolisti	iigicai,	Other (Specify)			(Specify)							
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)													
Medical (Surgical) Other (Specify)					=	Medical Medical	(Surgica (Surgica	ıl) Sucti ıl) Mens	on Curetta strual Aspi	ge ration			
Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Yes No						Medical	(Surgica	d) Othe	r (Specify)				
Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Yes No													
Yes No Yes Yes No Yes No Yes	For Medical (Surgical	al) pro	cedures, answer the fo	llowing question.	For	For Medical (Surgical) procedures, answer the following question.							
Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 10/07/2017 Physician estimate of gestation (in weeks) 10/07/2017 Physician estimate of gestation (in weeks) 6 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code)			ave a post fertilization	age at least 20 weeks?	v								
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 10/07/2017 Physician estimate of gestation (in weeks) 10/07/2017 Post fertilization age of the fetus (in weeks) 6 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code)	If the previous quest	ion wa	s answered yes, comp	lete the following question	ons. If t	the previou	s questio	on was a	nswered y	es, complete the	follow	ng questions.	
that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 10/07/2017 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code)			est opportunity to surv	vive?	v				opportuni	ty to survive?			
woman? Date last normal menses began 10/07/2017 Physician estimate of gestation (in weeks) 8 Post fertilization age of the fetus (in weeks) 6 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code)													
Date last normal menses began 10/07/2017 10/		rocedui	re to avert death or ser	ious impairment to the pr			d the pro	ocedure t	o avert dea	ath or serious imp	oairme	nt to the pregnant	
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code)													
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code)													
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code)	Date last normal men	nses be	egan	Physicia	an estimate of	gestation (i	n weeks)	Post fe	ertilization age of	the fet	us (in weeks)	
Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code)		10	0/07/2017			_		•	2 230 10			1	
DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code)		ional a	ge and post fertilization	on age determined?							_		
DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code)	L												
Address of physician performing termination (number and street, city, state, and zip code)													
200 S. MERIDIAN ST. STE 400, INDIANAPOLIS, IN 46268	Address of physician	n perfo	rming termination (nu		te, and zip code	e)							
	200 S. MERIDIAN	ST. S	TE 400, INDIANAPO	DLIS, IN 46268									
	**Date Reported t	to DC	S, if Patient under 1	4 (month, day, year):									
	**Date Reported t	to DC	S, if Patient under 1	4 (month, day, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	,	City or town, of pregnancy termination LAFAYETTE					County of pregnar	cy termination ECANOE						
Patient's age**			Date of mass	anov to-	nation	Educ	ation							
Patient's age** 35	Mai	rried Yes No	Date of pregn	12/05/2017		Educ	ation		Some Co	ollege, No Degree				
Race American Indian Native Hawaiian		her Pacific Islander	Asian White			an American		nknown ber now d	■ Not I	anic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	3							0				
Other Termination	s:	Number of spontaneou	us terminations 0				Numl	ber of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termin				ost recent.)								
1			3			4		5	Complic	cation(s) of Pregnance	ev Termination			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					•	_	•			
									■ None ☐ Uterine Perforation					
Fetus viable?		If viable, medical	reason for term	ination:				1	Hemorrhag	e	ical Laceration			
☐ Yes ■ I	No								Infection	☐ Retai	ned Products			
								Other (Spec	cify)					
Pathological examin	ation	If yes, results:						1	. 1					
performed?														
☐ Yes ■							Did thi			alt in a maternal death?				
		I												
Type of Termination Procedures														
Procedure that Term	inate	d Pregnancy				Additional l	rocedur	e that Ter	minated Pr	regnancy				
Medical (NonsuMedical (NonsuMedical (Nonsu	ırgica	Mifepristone Misoprostol Other (Specify)												
	Ü	, , , , ,				_	Ì	,						
		Suction Curettage Menstrual Aspiration				☐ Medica	l (Surgio l (Surgio	cal) Sucti cal) Men	ion Curetta strual Aspir	ge ration				
Medical (Surgio									r (Specify)					
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgic	al) proced	lures answ	ver the following que	estion.			
	_					For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
	le or I	nave a post fertilization	age at least 20	weeks?		_	Yes [_	e a post fert	ilization age at least	20 weeks?			
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	S.	If the previo	us quest	ion was a	inswered ye	es, complete the foll	owing questions.			
Was the fetus given ☐ Yes ☐		best opportunity to surv	vive?			_	tus give Yes [opportunit	ty to survive?				
		letermination that the pr									nan had a condition			
that required the pr woman?	oced	are to avert death or ser	ious impairmen	nt to the preg	gnant	that requir woman?	ed the pi	rocedure t	to avert dea	nth or serious impair	ment to the pregnant			
Date last normal men		oegan 09/17/2017		Physician	estimate	e of gestation 9	(in week	rs)	Post fe	rtilization age of the	fetus (in weeks)			
How were the gestat	How were the gestational age and post fertilization age determined?													
ULTRASOUND														
Full name of physici DR. JOHN WILLIA	_	rforming termination UTSMAN												
	-	orming termination (num			and zip	code)								
200 3. WEKIDIAN	3۱. ک	STE 400, INDIANAPO	ノLIO, IN 46268	U										
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905					City or town, of pregnancy termination LAFAYETTE						County of		y termination
Patient's age**		. ,	Date of pregn	ancy termin	nation	Edu	catio	nn .					
43	Mai	rried Yes No		12/12/2017		Edu	cano	лі		ι	Jnknown		
Race American Indian Native Hawaiian		ther Pacific Islander	Asian White	☐ Black ■ Other		an American		Unknov		☐ Not H	nic or Lati	no Latino	Unknown
Live Births:		Number now living	5					Number no			0		
Other Termination	s:	Number of spontaneou	is terminations 0				1	Number of	f indu	ced termin	nations 0		
Dates of termination	s (Do	not include this termin				ost recent.)							
1		2			4	1			5	Complia	ation(a) of	6	Termination
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:						•	ation(s) of	_	
						■ None ☐ Uterine Perforation							e Perforation
Fetus viable?		If viable, medical	reason for term	nination:		Hemorrhage Cervical Laceration							al Laceration
☐ Yes ■ I	No	·				☐ Infection ☐ Retained Products							ed Products
					□ 0	ther (Spec	ify)						
Pathological examin													
performed?	No			Did this termination of pregnancy result in a maternal deat									
					u tmis Yes		on of pregn	ancy resur	t in a maternal death?				
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
_											•		
Medical (NonsuMedical (Nonsu						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
☐ Medical (Nonsu	ırgica	l) Other (Specify)				Medical (Nonsurgical) Other (Specify)							
Medical (Surgio	al) S	Suction Curettage						Surgical) S					
☐ Medical (Surgion Med		Menstrual Aspiration Other (Specify)						Surgical) N Surgical) (ration		
(Surgio	, ui)	suici (Speedy))					· (D	ourgroun, c	o uner	(Speedy)			
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questio	on.		For Medical (Surgical) procedures, answer the following question.							
	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
	_		1-4- 41 6 -11:	:	_		-	_			1 . 4	- 41 G-11	
		as answered yes, compl		ng questions	s.	•		•		•	•		wing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?			_		given the		opportunit	y to surviv	e?	
What was the basis	for	letermination that the pr	regnant women	had a cond	ition	_		_		nination th	at the pred	mant wom	an had a condition
that required the pr		ure to avert death or seri				that requi							ent to the pregnant
woman?						woman?							
Date last normal men		•		Physician	estimate	of gestation	ı (in	weeks)		Post fer	rtilization a	-	etus (in weeks)
How were the gestat		age and post fertilization	on age determin	led?		9						7	
ULTRASOUND		· ·	<i>J</i>										
Full name of physici	an pe	rforming termination											
DR. JOHN WILLIA													
	-	orming termination (number 400, INDIANAPC			, and zip	code)							
	•		, 10200	-									
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	LANNEĎ PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE,					ncy termination YETTE		County of pregnancy termination TIPPECANOE			
	ı				T = .						
Patient's age** 32	Marrie [ed Yes No	Date of pregnancy term 12/12/20		Educat	ion		ociate Degree			
Race American Indian Native Hawaiian			☐ Asian ☐ Bla ■ White ☐ Oth	nck or African	n American	Unknown		y anic or Latino Hispanic or Latino			
Live Births:	N	Number now living	0			Number now	leceased	0			
Other Termination	s: N	Number of spontaneou	<u>-</u>			Number of inc	luced termi				
Dates of termination			ation. If more than six (t recent.)	5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■ 1	No					■	None	☐ Uterine Perforation			
Fetus viable?		If viable medical	massam for tormination.				Hemorrhag	ge Cervical Laceration			
Yes Tells Viable?	No	ii viable, medicai	reason for termination:				Infection	☐ Retained Products			
							Other (Spe	cify)			
Pathological examin	ation	If yes, results:									
performed?	No					D: 1-12		6 11 10			
i res	NO					Did thi		on of pregnancy result in a maternal death?			
	Type of Termination Procedures										
Procedure that Term	inated F	Pregnancy			Additional Pro	ocedure that Te	rminated P	regnancy			
Medical (Nonsu	ırgical)	Mifepristone			☐ Medical ((Nonsurgical) I	Mifepristor	ne			
Medical (Nonsu Medical (Nonsu	ırgical)	Misoprostol				(Nonsurgical) I (Nonsurgical) (Misoprosto	1			
iviedicai (Ivonst	iigicai)	Other (Specify)			Wiedicar	(Ivolisuigicai) v	Juici (Spec	.(1)))			
☐ Medical (Surgion Med		ction Curettage nstrual Aspiration				(Surgical) Suct (Surgical) Men					
Medical (Surgio					Medical ((Surgical) Othe	er (Specify)				
For Medical (Surgic	al) proc	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
	le or hav ☐ No	ve a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
If the previous quest	ion was	answered yes, comp	lete the following questi	ions.	If the previous	s question was a	answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [st opportunity to surv	ive?			is given the bes	t opportuni	ty to survive?			
What was the basis	s for det	ermination that the pr	regnant woman had a co	ondition	What was th	ne basis for dete	rmination t	hat the pregnant woman had a condition			
			ious impairment to the p					ath or serious impairment to the pregnant			
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Data last normal ma	nasa bas		Dhysis	ion actimate	of postation (i		Dogt fo	putilization and of the fetys (in use he)			
Date last normal me	-	gan /10/2017	Physic	nan estimate (of gestation (in 8	n weeks)	Post 16	ertilization age of the fetus (in weeks) 6			
How were the gestat	How were the gestational age and post fertilization age determined? JLTRASOUND										
Full name of physici	-	-									
Address of physician	n perfori	ming termination (nu	mber and street, city, st	ate, and zip co	ode)						
200 S. MERIDIAN	51. ST	E 400, INDIANAPC	ルにう, IN 46268								
**Date Reported t	to DCS	, if Patient under 1	4 (month, day, year): _					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addr PLANNED PARENTHOOD OF I LAFAYETTE, IN, 47905	ess NDIANA (LAFAYETTE) - 964 M	EZZANINE DRIVE,	City or town, o		ncy termination YETTE	County of pregnand	ey termination ECANOE				
Patient's age** M	arried	Date of pregnancy term	nination	Educat	tion			1			
18 M	Yes No	12/12/20		Lauca	non	9th-12	th, No Diploma				
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blac ■ White ☐ Othe	ek or African Am	erican	Unknown		nnic or Latino Hispanic or Latino	Unknown			
Live Births:	Number now living	1			Number now d	leceased	0				
Other Terminations:	Number of spontaneou	us terminations 0			Number of ind	uced termii	nations 0				
Dates of terminations (L	Oo not include this termin	,	· ·	ent.)							
l		3	4		5	Complic	eation(s) of Pregnanc	v Termination			
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survivea:				•	_	ne Perforation			
							_				
Fetus viable?	If viable, medical	reason for termination:				Hemorrhage	_	cal Laceration			
☐ Yes ■ No						Infection	☐ Retair	ned Products			
						Other (Spec	cify)				
Pathological examinatio performed?	n If yes, results:										
Yes No				It in a maternal death?							
					☐ Ye	s 🔳 No)				
	Type of Termination Procedures										
Type of Termination Procedures											
Procedure that Terminat	ed Pregnancy		Addi	itional Pr	ocedure that Ter	minated Pr	regnancy				
Medical (NonsurgioMedical (Nonsurgio					(Nonsurgical) N						
Medical (Nonsurgio				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)	Suction Curettage		—— I — :	Medical	(Surgical) Sucti	ion Curetta	ge				
	Menstrual Aspiration			Medical	(Surgical) Mens (Surgical) Othe	strual Aspii					
iviculcai (Surgicai)	Office (Specify)			iviculcai	(Surgicar) Onic	т (Бресцу)					
								_			
For Medical (Surgical) p	procedures, answer the fo	llowing question.	For N	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable of Yes 1	r have a post fertilization No	age at least 20 weeks?	Wa	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous question	was answered yes, compl	lete the following question	ons If the	nreviou	s question was a	nswered ve	es, complete the follo	wing questions			
		• •		•	•	•	•	wing questions.			
Was the letus given the	e best opportunity to surv No	ive?	Wa		is given the best les ☐ No	opportunit	y to survive?				
What was the basis for	determination that the pr	regnant woman had a cor	ndition Wh	nat was th	ne basis for deter	rmination tl	hat the pregnant won	nan had a condition			
that required the proce woman?	dure to avert death or ser	ious impairment to the p		t required man?	d the procedure	to avert dea	th or serious impairr	nent to the pregnant			
Date last normal menses	s began	Physici	an estimate of ge	station (i	n weeks)	Post for	rtilization age of the	fetus (in weeks)			
Date last normal menses	10/04/2017	Thysici		9	n weeks)	1 050 10	7	ictus (in weeks)			
=	al age and post fertilization	on age determined?				-					
ULTRASOUND											
Full name of physician p	performing termination										
DR. JOHN WILLIAM S	-										
1 7 1	rforming termination (num		te, and zip code)								
200 S. MERIDIAN ST.	SIE 400, INDIANAPO	v∟13, IN 40268									
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcshotlinereports@dcs.in.gov. Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health <u>no later than July 30 for each termination performed in the first six (6) months of that year and no later than January 30 for each termination performed for the last six (6) months of the preceding year. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5(b).</u>

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905 City or town, of pregnancy termination County of pregnancy termination **LAFAYETTE TIPPECANOE** Patient's age** Date of pregnancy termination Education Married 24 Yes No 12/12/2017 Some College, No Degree Ethnicity ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander Asian
White ☐ Black or African American ☐ Other Hispanic or Latino
Not Hispanic or Latino ■ Unknown Unknown Number now living Number now deceased Live Births: Number of induced terminations Number of spontaneous terminations **Other Terminations:** 0 Dates of terminations (Do not include this termination. If more than six (6), those most recent.) Complication(s) of Pregnancy Termination Fetus delivered alive? If yes, length of time fetus survived: ☐ Yes ■ No None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration Fetus viable? If viable, medical reason for termination: ☐ Yes ■ No ☐ Infection □ Retained Products ☐ Other (Specify) Pathological examination If yes, results: performed? Yes ■ No <u>Did</u> this termination of pregnancy result in a maternal death? Yes No Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy ■ Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Menstrual Aspi
☐ Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No Yes No If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? ☐ Yes ☐ No ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant woman? woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 10/04/2017 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST. STE 400, INDIANAPOLIS, IN 46268 **Date Reported to DCS, if Patient under 14 (month, day, year): _

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905						City or town, of pregnancy termination LAFAYETTE					ncy termination PECANOE			
Dotio-42- 44			Dot C	mar-t	nti	F-1	ule:							
Patient's age** 28	Maı	ried Yes I No	Date of pregna	2/12/2017		Educa	ition	Н	igh Scho	ol Diploma or G	ED			
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	Black of Other	or Africa	n American		ıknown	■ Not I	anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2					er now d		0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termin	*	an six (6), t		st recent.)	•	5.		6.				
Fetus delivered alive	?	If yes, length of time				`			Complic	cation(s) of Pregnar	cy Termination			
☐ Yes ■ I		y,g							■ None ☐ Uterine Perforation					
Fetus viable?		If viable, medical	reason for termin	nation:		Hemorrhage Cervical Laceration								
☐ Yes ■ I	No					☐ Infection ☐ Retained Products								
									Other (Spec	cify)				
Pathological examin	ation	If yes, results:												
performed?	No							Did this	s terminatio	on of pregnancy res	ult in a maternal death?			
								Yes			un in a maternar deadi.			
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Medical (Nonsu		•								•				
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical (Nonsurgical) Other (Specify)								
		uction Curettage							on Curetta					
☐ Medical (Surgion ☐ Medical (Surgion ☐ Medical (Surgion ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Menstrual Aspiration Other (Specify)							strual Aspii r (Specify)	ration				
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing question	1		For Medical	(Surgice	al) proced	hires answ	ver the following au	estion			
		nave a post fertilization				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
	No		age at least 20 w	veeks:		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
If the previous quest	ion w	as answered yes, compl	lete the following	g questions	i.	If the previou	is quest	ion was a	nswered ye	es, complete the fol	lowing questions.			
Was the fetus given ☐ Yes [best opportunity to surv	ive?				us givei Yes [_	opportunit	ty to survive?				
What was the basis	s for d	letermination that the pr	egnant woman h	had a condit	tion	What was t	he basis	for deter	mination th	hat the pregnant wo	oman had a condition			
that required the pr		are to avert death or ser				that require					rment to the pregnant			
woman?						woman?								
Date last normal men		•		Physician	estimate	of gestation (in week:	s)	Post fe	rtilization age of th				
How were the gestat	10/18/2017 7 5 How were the gestational age and post fertilization age determined?													
ULTRASOUND														
DR. JOHN WILLIA	M ST													
	-	orming termination (number 400, INDIANAPO			and zip	code)								
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day, y	ear):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addr PLANNED PARENTHOOD OF I LAFAYETTE, IN, 47905		EZZANINE DRIVE,	City or town, of pregnancy termination LAFAYETTE County of pregnancy termination TIPPECANOE					
Patient's age** M		Date of pregnancy term	nination	Educat	tion			1
23 M	arried Yes No	12/12/20		Lauca		Some Co	llege, No Degree	
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blac ■ White ☐ Other	ck or African Am er	erican	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:	Number now living	1			Number now de	eceased	0	
Other Terminations:	Number of spontaneou	s terminations			Number of indu	uced termin	nations 0	
Dates of terminations (D	Oo not include this termin	`	,,	ent.)				
Fetus delivered alive?	If yes, length of tin	ma fatus aurvivadi	4		5	Complic	eation(s) of Pregnanc	v Termination
Yes No	ir yes, length of th	me retus surviveu.				None	_	ne Perforation
							_	
Fetus viable?	If viable, medical	reason for termination:				Hemorrhage	_	cal Laceration
☐ Yes ■ No						nfection	_	ned Products
						Other (Spec	cify)	
Pathological examination performed?	n If yes, results:							
☐ Yes ■ No								It in a maternal death?
<u> </u>					☐ Yes	s 🔳 No	J	
		Tona	e of Termination	Procedu	res			
Drocadure that Tomain	ad Dragnanov	1 урс				minetad D.	ragnangy	
Procedure that Terminat					ocedure that Terr		•	
Medical (NonsurgionMedical (Nonsurgion					(Nonsurgical) M (Nonsurgical) M			
☐ Medical (Nonsurgio	cal) Other (Specify)			Medical	(Nonsurgical) O	ther (Speci	ify)	
Medical (Surgical)					(Surgical) Suction			
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Mens (Surgical) Other		ration	
For Medical (Surgical) r	procedures, answer the following	llowing question.	 For N	Medical (Surgical) proced	ures, answ	er the following ques	 stion.
	r have a post fertilization						ilization age at least	
Yes 1		age at least 20 weeks:	****		res No	a post tert	mzation age at least	20 weeks:
If the previous question	was answered yes, compl	ete the following question	ons. If the	e previou	s question was a	nswered ye	es, complete the follo	wing questions.
Was the fetus given the	e best opportunity to surv	ive?	Wa	is the fetu	as given the best	opportunit	y to survive?	
☐ Yes ☐ N	No				les □ No			
	determination that the pr dure to avert death or seri						hat the pregnant won th or serious impairs	
woman?	dare to a very death or ser	rous impuisment to use pa		man?	a are procedure :	o a verr dea	or somous impani	nent to the pregnant
Date last normal menses	•	Physicia	an estimate of ge		n weeks)	Post fe	rtilization age of the	fetus (in weeks)
How were the gestationa	10/05/2017 al age and post fertilization	n age determined?		9			7	
ULTRASOUND								
Full name of physician p	_							
Address of physician per	rforming termination (num		te, and zip code)					
200 S. MERIDIAN ST.	STE 400, INDIANAPO	DLIS, IN 46268						
**Date Reported to D	OCS, if Patient under 14	4 (month, day, year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Patent's ages** Murrical Var No Date of programmy termination Educative High School Diploma or GED	Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	ddres of in	S DIANA (LAFAYETTE) - 964 M	IEZZANINE DRIVE,	,	City or town, of pregnancy termination LAFAYETTE County of pregnancy termination TIPPECANOE					•	
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Annate in Institute Note	-	Mai			•		Educ	ation	н	ligh Scho	ol Diploma or GE	D
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Fetts delivered alives If yes, length of time fetus survived:	Other Termination	s:	Number of spontaneou	us terminations 0				Numl	ber of ind	uced termin		
Foundational Complication (s) of Programsy Termination State State	Dates of termination	s (Do					ost recent.)					
None Derive Perforation	I	.9					4		5	Complic	eation(s) of Pregnanc	v Termination
Ferts viable? If viable, medical reason for termination:			if yes, length of th	ille fetus surviv	eu.					•	_	
Form valse? No If viable, medical reason for termination:											_	
Pethological examination Procedures Pethological examination Procedures P	Fetus viable?		If viable, medical	reason for term	nination:				LJ	Hemorrhag	e ∐ Cervi	cal Laceration
Pathological examination performed? Yes No No No No No No No N	☐ Yes ■ I	No							□ I	nfection	Retain	ned Products
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Type of Termination Procedures No		ation	If yes, results:									
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Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)	☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medica	l (Nonsu	ırgical) C	Other (Spec	ify)	
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)												
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What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 10/11/2017 Post fertilization age of the fetus (in weeks) 7 How were the gestational age and post fertilization age determined? ULTRASOUND Pull name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST. STE 400, INDIANAPOLIS, IN 46268				vive?				_		opportunit	ty to survive?	
that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 10/11/2017 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST. STE 400, INDIANAPOLIS, IN 46268	What was the basis	fore	atormination that the m	rognant woman	had a aandi	ition	_	_	 '	mination t	hat the prognant won	en had a condition
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How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST. STE 400, INDIANAPOLIS, IN 46268												
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Full name of physician performing termination DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST. STE 400, INDIANAPOLIS, IN 46268	How were the gestat			n age determin	l ned?		9				7	
DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST. STE 400, INDIANAPOLIS, IN 46268		. Onai	age and post fortinzation	ago dotermini								
DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST. STE 400, INDIANAPOLIS, IN 46268												
DR. JOHN WILLIAM STUTSMAN Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST. STE 400, INDIANAPOLIS, IN 46268	Full name of physici	an pe	rforming termination									
200 S. MERIDIAN ST. STE 400, INDIANAPOLIS, IN 46268	DR. JOHN WILLIA	M ST	UTSMAN									
		-	-			and zip	code)					
**Date Reported to DCS, if Patient under 14 (month, day, year);	200 G. WERIDIAN	o 1. S	TE 400, INDIANAPO	/LIU, IIN 40200								
**Date Reported to DCS, if Patient under 14 (month, day, year);												
**Date Reported to DCS, if Patient under 14 (month, day, year);												
**Date Reported to DCS, if Patient under 14 (month, day, year)												
	**Date Reported t	o DC	'S if Patient under 1	1 (month day)	vear).							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address SIDNEY AND LOIS ESKENAZI HOSPITAL - 720 ESKENAZI AVE, INDIANAPOLIS, IN, 46202						City or town, of pregnancy termination County o INDIANAPOLIS					ncy termination ARION
Patient's age** 37	Marr	ied ■ Yes □ No	Date of pregn	ancy termir 12/13/2017		Educa	tion			h, No Diploma	
Race American Indian Native Hawaiian			Asian White	☐ Black ☐ Other		an American	☐ Unl	known		nic or Latino Iispanic or Latino	☐ Unknown
Live Births:]	Number now living	2				Numb	er now d	eceased	0	
Other Terminations	s: 1	Number of spontaneous	s terminations				Numb	er of ind	iced termin	nations 0	
Dates of terminations 1. UNKNOWN	s (Do r	not include this termina	tion. If more th	han six (6),	those mo	ost recent.)		5		6	
Fetus delivered alive	?	If yes, length of tin		ed:					Complic	ation(s) of Pregnan	cy Termination
☐ Yes ■ N	No							■ N	Vone	☐ Uter	ine Perforation
								☐ F	Hemorrhage	e 🔲 Cerv	ical Laceration
Fetus viable? Yes N	No	If viable, medical r	eason for term	ination:				П	nfection	□ Reta	ined Products
									Other (Spec	if _v)	
Pathological examina	ation	If yes, results:							outer (spec	997	
performed?		NORMAL PRODU	ICTS OF CO	NCEDTIO	ı.N						
■ Yes □ N	NO	NORMALTRODA	301301 00	MOLI IIO	/I V			Did this			ult in a maternal death?
											1
				Туре	of Termin	nation Procedu	res				
Procedure that Termi	inated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy	
☐ Medical (Nonsur	rgical)	Mifepristone				☐ Medical	(Nonsui	rgical) M	lifepristone	e	
Medical (Nonsur	rgical)	Misoprostol					(Nonsui	rgical) M	Iisoprostol ther (Speci		
	i givui)	Giller (Speedyy)					(1 tonsul	igical)	tiler (Speet	997	
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	al) Mo	enstrual Aspiration				☐ Medical	(Surgica	al) Mens	on Curettag trual Aspir		
Medical (Surgical	al) Ot	her (Specify)				☐ Medical	(Surgica	al) Other	(Specify)		
For Medical (Surgica	ıl) prod	cedures, answer the foll	owing questio	n.		For Medical	Surgica	l) proced	ures, answ	er the following qu	estion.
Was the fetus viable Yes		we a post fertilization a	ige at least 20	weeks?			us viable Yes 🗀		a post ferti	ilization age at leas	t 20 weeks?
If the previous questi	on wa	s answered yes, comple	ete the following	ng question	s.	If the previou	s questi	on was a	nswered ye	s, complete the following	owing questions.
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes		opportunit	y to survive?	
What was the basis	for de	termination that the pre	egnant woman	had a cond	ition	What was t	ne basis	for deter	mination th	nat the pregnant wo	man had a condition
that required the pro woman?	ocedur	re to avert death or serie	ous impairmen	it to the preg	gnant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant
· · · · · · · · · · · · · · · · · · ·											
Date last normal men	ises be	gan		Physician	estimate	e of gestation (i	n weeks)	Post fer	rtilization age of the	e fetus (in weeks)
Duce hast normal men		0/20/2017		1 Hy Sterain	· commun	7		,	1 050 101	5	in weeks)
How were the gestati ULTRASOUND	onal a	ge and post fertilization	age determin	ed?	_			_			
CLINASCUND											
Full name of physicia DR. CAITLIN BERN	_	Corming termination									
		rming termination (nun	ıber and street	t, city, state,	, and zip	code)					
8590 GEORGETOV	VN R	DAD, INDIANAPOLIS	S, IN 46268								
**Date Reported to	o DCS	S, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		SS ERRILLVILLE - 8645 CONNEC	CTICUT STREET,		City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					•	
l But us us us		,	D			T ·					
Patient's age** 15	Maı	rried Yes I No	Date of pregna	ancy termin		Educa	ition			th, No Diploma	
Race American Indian Native Hawaiian			☐ Asian ☐ White	Black Other		an American		known	■ Not I	/ anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termi	nations 0	
Dates of termination	s (Do	not include this termina	ation. If more th	han six (6),	those me	ost recent.)	1				
1		2				4		5	C1:-	6	T
Fetus delivered alive		If yes, length of tin	me fetus survive	ed:				_		cation(s) of Pregnanc	•
								• 1	None	☐ Uterii	ne Perforation
Fetus viable?		If viable, medical	reason for term	ination:				☐ I	Hemorrhag	e 🗌 Cervi	cal Laceration
☐ Yes ■ I	No	,						☐ I	nfection	☐ Retain	ned Products
									Other (Spec	cify)	
Pathological examin	ation	If yes, results:									
performed?	No							Didthi	a tampinati	on of macaman av maca	It in a matamal death?
	140							Yes			lt in a maternal death?
				Туре о	of Termin	nation Procedu	res				
Procedure that Term	ipated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
_											
☐ Medical (Nonsu ☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Лifepriston Лisoprostol		
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Spec	ify)	
		Suction Curettage							on Curetta		
Medical (Surgion Medica		Menstrual Aspiration Other (Specify)							strual Aspir r (Specify)	ration	
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For Medical (Surgical	al) pro	ocedures, answer the fol	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.
	le or l	nave a post fertilization	age at least 20 v	weeks?			us viabl Yes [_	a post fert	tilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	ete the followin	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	ty to survive?	
		letermination that the pr	egnant woman	had a cond-	ition	_	_	_	mination t	hat the pregnant wor	nan had a condition
that required the pr		are to avert death or seri				that require				ath or serious impair	
woman?						woman?					
						<u> </u>					
Date last normal men		•		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	fetus (in weeks)
How were the gestat		age and post fertilization	n age determine	ed?		10				8	
ULTRASOUND											
Full name of physici DR. MANDY GITTL											
	-	orming termination (num			, and zip	code)					
5043 COMMECTIC	U 1 3	INCEI, WERRILLVII	, IN 4041U								
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day, y	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		SS ERRILLVILLE - 8645 CONNEC	CTICUT STREET,		City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					•	
l march and a second		ı	D : 0			T					
Patient's age** 26	Mai	rried Yes I No	Date of pregn	nancy termin 12/13/2017		Educa	ntion			elor's Degree	
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black ■ Other		an American	☐ Un	known	Ethnicity Hispa Not H	nnic or Latino Hispanic or Latino	Unknown
Live Births:		Number now living	2				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termina	ation. If more t	han six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■ I	NO							• 1	None	☐ Uterin	e Perforation
								□ I	Hemorrhag	e 🔲 Cervi	cal Laceration
Fetus viable? Yes I	Vo	If viable, medical	reason for term	iination:				Пі	nfection	☐ Retair	ed Products
										_	
D-4b-1i1i-	_4:	T614							Other (Spec	uy)	
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■	No							Did thi			t in a maternal death?
								те	s 🖭 No	0	
					6.55						
				Type o	of Termin	nation Procedu	res				
Procedure that Term	inate	d Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
Medical (Nonsu									/lifepriston		
☐ Medical (Nonsu ☐ Medical (Nonsu		l) Misoprostol l) Other (Specify)							Misoprostol Other (Spec		
	Ü	, , , , , , , , , , , , , , , , , , , ,						,			
		Suction Curettage Menstrual Aspiration				Medical Medical	(Surgic	al) Sucti al) Mens	on Curetta strual Aspir	ge ration	
Medical (Surgio									r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	 stion.
	_	nave a post fertilization								ilization age at least	
	■ N		age at least 20	weeks:			Yes [_	a post tert	inization age at least	20 weeks:
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previous	ıs quest	ion was a	nswered ye	es, complete the follo	wing questions.
Was the fetus give	n the	best opportunity to surv	rive?			Was the fet	ns oive	the best	opportunit	ty to survive?	
Yes [1,6.				Yes [_	оррогили	y to survive.	
		letermination that the pr								hat the pregnant won	
that required the pr woman?	oced	ure to avert death or seri	ious impairmen	nt to the preg	gnant	that require woman?	ed the pr	ocedure t	o avert dea	th or serious impairs	nent to the pregnant
						Gildir					
	-								1-		
Date last normal men		oegan 10/20/2017		Physician	estimate	e of gestation (ın week:	5)	Post fe	rtilization age of the	tetus (in weeks)
How were the gestat		age and post fertilization	on age determin	ied?		-				<u> </u>	
ULTRASOUND											
	_						_				
	-	rforming termination									
DR. MANDY GITTL		orming tarmination (mbor and atas	t city =======	and =in	code)					
	-	orming termination (num TREET, MERRILLVII			, ана zīp	coue)					
**Date Reported t	o DO	CS, if Patient under 14	4 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr PLANNED PARENTHOOD OF I MERRILLVILLE, IN, 46410	ess Merrillville - 8645 connec	CTICUT STREET,	City or town, o	City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE				
Patient's age** M	omiod I	Date of pregnancy term	nination	Educat	ion			
22 M	arried Yes No	12/13/20		Laucai	ion	Asso	ciate Degree	
Race American Indian or A Native Hawaiian or C		☐ Asian ■ Blac ☐ White ☐ Oth	ck or African Am	erican	Unknown		anic or Latino Hispanic or Latino	Unknown
Live Births:	Number now living	0			Number now d	leceased	0	
Other Terminations:	Number of spontaneou	s terminations 0			Number of ind	uced termin	nations 0	
Dates of terminations (L	Oo not include this termin	,	**	ent.)				
I		3	4		5	Complic	cation(s) of Pregnanc	y Termination
Fetus delivered alive? ☐ Yes ■ No	If yes, length of ti	me fetus survived:				•	_	
							_	e Perforation
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	e 📙 Cervi	cal Laceration
☐ Yes ■ No					D 1	Infection	☐ Retair	ned Products
						Other (Spec	cify)	
Pathological examinatio performed?	n If yes, results:							
Yes No					Did thi	s termination	on of pregnancy resu	It in a maternal death?
					☐ Ye			
		Тур	e of Termination	Procedure	es			
Procedure that Terminat	ed Pregnancy		Addi	itional Pro	ocedure that Ter	minated Pr	regnancy	
☐ Medical (Nonsurgio					(Nonsurgical) N			
☐ Medical (Nonsurgion Medical (Nonsurgio	cal) Misoprostol cal) Other (Specify)				(Nonsurgical) Nonsurgical) (
_	, , , , , ,					, 1		
			_	26 11 1	(g : 1) g .:			
	Menstrual Aspiration			Medical ((Surgical) Sucti (Surgical) Men	strual Aspii		
Medical (Surgical)	Other (Specify)			Medical ((Surgical) Othe	r (Specify)		
For Medical (Surgical) p	procedures, answer the fol	llowing question.	For I	Medical (Surgical) proced	dures, answ	er the following que	stion.
	r have a post fertilization	age at least 20 weeks?	Wa			a post fert	ilization age at least	20 weeks?
☐ Yes ■ I	No			∐ Y	es No			
If the previous question	was answered yes, compl	ete the following question	ons. If the	e previous	s question was a	inswered ye	es, complete the follo	wing questions.
Was the fetus given the ☐ Yes ☐ 1	e best opportunity to surv	ive?	Wa		s given the best	opportunit	ty to survive?	
				_	_		h -4 4h	
that required the proce	determination that the pr dure to avert death or seri		regnant tha	t required			hat the pregnant won hth or serious impairr	
woman?			wo	man?				
Date last normal menses	began 10/19/2017	Physici	an estimate of ge	station (ii	ı weeks)	Post fe	rtilization age of the	fetus (in weeks)
How were the gestationa	al age and post fertilization	n age determined?		14			10	
ULTRASOUND								
Full name of physician p	_							
Address of physician pe	t rforming termination (num	mber and street city sto	te, and zin code)					
8645 CONNECTICUT	-		, sip couc)					
**Date Reported to D	OCS, if Patient under 14	4 (month, day, year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRILLVII	LLE - 8645 CONNEC	CTICUT STREET,	(City or town,		ncy termin		County of pr	regnancy termination LAKE
Patient's age** 27	Married Y	es 🖪 No	Date of pregna	ancy termin 12/13/2017		Educat	ion		ollege, No De	egree
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black o	or African An	nerican	Unkno		nnic or Latino Hispanic or La	
Live Births:		er now living	1					now deceased	0	
Other Terminations	s: Numbe	er of spontaneou					Number	of induced termin		
Dates of termination	s (Do not inc	lude this termin	ation. If more th	han six (6), t	those most red	cent.)				
1. UNKNOWN	2		3		4			5		6
Fetus delivered alive Yes I		yes, length of ti	me fetus survive	ed:				Complic	cation(s) of Pro	egnancy Termination
								None		Uterine Perforation
Fetus viable?	If	viable, medical	reason for term	ination:				☐ Hemorrhag	е 🗆	Cervical Laceration
☐ Yes ■ 1		,						☐ Infection		Retained Products
								Other (Spec	eify)	
Pathological examina	ation If	yes, results:								
performed?	No						_ 	oid this termination	on of pregnan	cy result in a maternal death?
							ן ב	Yes No		cy result in a material death:
				Type of	f Termination	Procedur	es			
Procedure that Term	inated Pregna	ancy			Add	litional Pro	ocedure th	nat Terminated Pr	egnancy	
☐ Medical (Nonsu	ırgical) Mife	pristone			lп	Medical	(Nonsurgi	cal) Mifepriston	e	
Medical (Nonsu Medical (Nonsu	rgical) Miso	prostol				Medical	(Nonsurgi	cal) Misoprostol		
i Wiedicai (Noiisu	irgicai) Othe	і (зресіју)				Medical	(INOIISUI gi	cai) Other (spec	ijy)	
Medical (SurgicMedical (Surgic								Suction Curetta Menstrual Aspir		
Medical (Surgic						Medical	(Surgical)	Other (Specify)		
For Medical (Surgical	al) procedure	s, answer the fol	llowing question	n.	 For	Medical (Surgical) ₁	procedures, answ	er the followi	ng question.
Was the fetus viabl		ost fertilization	age at least 20 v	weeks?	w	as the fetu	ıs viable o	or have a post fert	ilization age a	at least 20 weeks?
☐ Yes [_	, ,			TC 41		'es □ 1		1	
If the previous questi				ng questions		•	•	•	•	he following questions.
Was the fetus giver Yes		portunity to surv	ive?		W		is given the session of the session is setting in the session of t	ne best opportunit No	y to survive?	
What was the basis										ant woman had a condition
that required the pr woman?	ocedure to av	vert death or seri	ious impairmen	it to the preg	· I	at required oman?	the proce	edure to avert dea	th or serious i	impairment to the pregnant
Date last normal mer	nses hegan			Physician	estimate of go	estation (ii	n weeks)	Post fe	rtilization age	e of the fetus (in weeks)
Bute last normal mer	09/20/2	017		1 mysician	_	13	i weeks)	1 050 10	rimzunon ugo	11
How were the gestati	ional age and	l post fertilizatio	n age determine	ed?						
ULTRASOUND										
Full name of physici	an performin	g termination								
DR. MANDY GITTL		5 CHIIIIAUUII								
Address of physician	-				and zip code,)				
8645 CONNECTIO	UI STREET	, MERRILLVII	LLE, IN 46410	J						
**Date Reported to	o DCS, if P	atient under 1	4 (month, day, y	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410	ress Merrillville - 8645 Conne	CTICUT STREET,	-	City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE				
Patient's age**	Λ:- J	Date of pregnancy term	nination	Educat	ion			1
25	Iarried ☐ Yes ■ No	12/13/20		Educat		igh Scho	ol Diploma or GEI	D
Race American Indian or Native Hawaiian or		☐ Asian ☐ Blac ■ White ☐ Othe	ck or African Ame	erican	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:	Number now living	2			Number now de	eceased	0	
Other Terminations:	Number of spontaneo	us terminations 0			Number of indu	uced termin	nations 1	
Dates of terminations (I	Do not include this termin	,), those most rece	ent.)				
Fetus delivered alive?	2	ime fetus survived:	4		5	Complic	eation(s) of Pregnance	v Termination
Yes No	if yes, length of the	ille fetus sui viveu.				None	_	e Perforation
							_	
Fetus viable?	If viable, medical	reason for termination:				Hemorrhage	_	cal Laceration
☐ Yes ■ No						nfection	_	ned Products
						Other (Spec	cify)	
Pathological examination performed?	on If yes, results:							
☐ Yes ■ No					Did this			It in a maternal death?
						S E INC)	
		Tuna	e of Termination I	Procedur	es			
Drogadura that T	tad Dragnonov	1 ypt				minoted P	ragnangy	
Procedure that Termina					ocedure that Terr			
Medical (NonsurgiMedical (Nonsurgi					(Nonsurgical) M (Nonsurgical) M			
☐ Medical (Nonsurgi	cal) Other (Specify)			Medical	(Nonsurgical) O	ther (Spec	ify)	
	Suction Curettage				(Surgical) Suction			
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Mens (Surgical) Other		ration	
For Medical (Surgical)	procedures, answer the fo	ollowing question.		Medical (Surgical) proced	ures, answ	er the following ques	stion.
	or have a post fertilization						ilization age at least	
Yes Yes		age at least 20 weeks:	vv as		es No	a post tert	mzation age at least.	20 weeks:
If the previous question	was answered yes, comp	olete the following question	ons. If the	previou	s question was a	nswered ye	es, complete the follo	wing questions.
Was the fetus given th	ne best opportunity to surv	vive?	Was	s the fetu	is given the best	opportunit	y to survive?	
☐ Yes ☐	No			□ Y	es No			
	r determination that the pedure to avert death or ser						hat the pregnant won	
woman?	cause to avert acam or ser	rious impuliment to the pr		nan?	tute procedure t	o uvert dea	an or serious impairs	none to the pregnant
<u> </u>								
Date last normal mense	•	Physici	an estimate of ges		n weeks)	Post fe	rtilization age of the	fetus (in weeks)
How were the gestation	al age and post fertilization	on age determined?	7	7			5	
ULTRASOUND	.0 <u>- F</u> F 10.11111111111111111111111111111111							
Full name of physician DR. MANDY GITTLEF								
	erforming termination (nu	umber and street, city, sta	te, and zip code)					
8645 CONNECTICUT	STREET, MERRILLVI	ILLE, IN 46410						
**Date Reported to I	DCS, if Patient under 1	4 (month, day, year):						

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Facility Name and Addre PLANNED PARENTHOOD OF M MERRILLVILLE, IN, 46410	ess IERRILLVILLE - 8645 CONNECTICUT STF	City	y or town, of pregna	County of pregnancy termination LAKE	
Patient's age** Ma	arried Date of	pregnancy terminatio	on Educa		9th-12th, No Diploma
Race American Indian or A Native Hawaiian or C		=	African American	E	Ethnicity ☐ Hispanic or Latino ■ Not Hispanic or Latino ☐ Unknown
Live Births:		2			0
Other Terminations:	Number of spontaneous termina	0		Number of induce	o d terminations
Dates of terminations (De	o not include this termination. If n 2. 3.	nore than six (6), thos	se most recent.)	5	4
Fetus delivered alive? Yes No	If yes, length of time fetus s	survived:	4	■ Nor	
Fetus viable? Yes No	If viable, medical reason fo	r termination:		☐ Infe	morrhage
Pathological examination performed? Yes No	If yes, results:			Did this te	ermination of pregnancy result in a maternal death? No
		Type of Te	ermination Procedu	es	
Procedure that Terminate	ed Pregnancy	Туре от те		ocedure that Termin	nated Pregnancy
☐ Medical (Nonsurgic☐ Med	al) Misoprostol		☐ Medical	(Nonsurgical) Mife (Nonsurgical) Miss (Nonsurgical) Othe	oprostol
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			(Surgical) Suction (Surgical) Menstru (Surgical) Other (S	ual Aspiration
For Medical (Surgical) p	rocedures, answer the following q	uestion.	For Medical (Surgical) procedure	es, answer the following question.
	have a post fertilization age at lea			us viable or have a p	post fertilization age at least 20 weeks?
If the previous question v	was answered yes, complete the fo	ollowing questions.	If the previou	s question was answ	wered yes, complete the following questions.
Was the fetus given the	best opportunity to survive?			us given the best op Yes \[\] No	pportunity to survive?
	determination that the pregnant w dure to avert death or serious impa				nation that the pregnant woman had a condition avert death or serious impairment to the pregnant
Date last normal menses	began	Physician esti	imate of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)
	10/16/2017		7	,	5
How were the gestational ULTRASOUND	l age and post fertilization age det	ermined?			
Full name of physician p	_				
Address of physician per	forming termination (number and STREET, MERRILLVILLE, IN		d zip code)		
	,, 				
**Date Reported to D	CS, if Patient under 14 (month,	day, year):			

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410						City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					
Patient's age**	Marr	ied	Date of pregn	nancy termina	ation	Educat	tion				
27 Race		■ Yes □ No		12/13/2017				-	Asso Ethnicity	ciate Degree	
Race ☐ American Indian o ☐ Native Hawaiian o			Asian White	☐ Black o	or African	American	☐ Unk	nown	☐ Hispa	nic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living		- Other				r now d		0	Chikhowh
Other Terminations:		Number of spontaneous					Numbe	er of indu	iced termin		
Dates of terminations	(Do 1	not include this termina	,		those mosi	t recent.)					
Fetus delivered alive?		If yes, length of tin	3		4			5	Complic	ation(s) of Pregnar	ncy Termination
Yes N		if yes, length of thi	ne retus surviv	red.				■ N	•	_	ine Perforation
									Iemorrhage	_	vical Laceration
Fetus viable? Yes No.	0	If viable, medical r	eason for term	nination:					nfection	_	nined Products
	U									_	lined Floducts
Pathological examinat	tion	If yes, results:							Other (Spec	uy)	
performed?		in yes, resums.									
☐ Yes ■ N	10							Did this			sult in a maternal death?
				Type of	f Termina	tion Procedur	es				
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy	
☐ Medical (Nonsur									lifepriston		
☐ Medical (Nonsur ☐ Medical (Nonsur	gical) gical)	Misoprostol Other (Specify)							Iisoprostol ther (<i>Speci</i>		
Medical (Surgica)	l) Su	ction Curettage				☐ Medical	(Surgica	l) Suction	on Curetta		
	1) M	enstrual Aspiration					(Surgica	l) Mens	trual Aspir		
	.,	ner (speegy)					(Surgreu	1) 011101	(ореслуу)		
For Modical (Surgical) ==0	cedures, answer the following	lowing question			For Modical (Curaiaal) proced	uras answ	er the following qu	vention
	_	ectures, answer the followers					_	_			
Was the fetus viable ☐ Yes		ive a post tertilization a	ige at least 20	weeks?			is viable les \Box		a post tert	ilization age at leas	ot 20 weeks?
If the previous question	on wa	s answered yes, comple	ete the following	ng questions	s. 1	If the previou	s questio	on was a	nswered ye	es, complete the fol	lowing questions.
		est opportunity to survi	ve?						opportunit	y to survive?	
☐ Yes ☐						_	les □				
that required the pro		termination that the pro- re to avert death or serio				that required					oman had a condition rment to the pregnant
woman?						woman?					
				I m		0 '			1		
Date last normal mens		egan D/09/2017		Physician	estimate o	of gestation (i	n weeks)		Post fer	rtilization age of th 7	
=	onal a	ge and post fertilization	n age determin	ned?					1		
ULTRASOUND											
Full name of physician	n ner	forming termination									
DR. MANDY GITTLE	_	orning termination									
Address of physician p	_	rming termination (nun			and zip co	ode)		_			
OUTS CONNECTION	1 31	NELT, MENTILLVIL	.LL, 114 404 I	<u> </u>							
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-	

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Facility Name and Address LANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					y or to	County of pregnancy termination LAKE			
						Г			
30	Marri	ed □ Yes ■ No		ancy termination 12/13/2017	on	Educat	tion		ome College, No Degree
Race American Indian o Native Hawaiian o	r Othe	er Pacific Islander	Asian White	■ Black or A	Africar	n American	Unknow	n [Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown
Live Births:	ľ	Number now living	1				Number no		0
Other Terminations:	: N	Number of spontaneous	s terminations 1				Number of	induce	ed terminations 0
Dates of terminations 1. UNKNOWN	(Do n	ot include this termina	tion. If more th	nan six (6), thos	se mos 4.	st recent.)		5	6
Fetus delivered alive?		If yes, length of tim	ne fetus survive	ed:				C	Complication(s) of Pregnancy Termination
Yes No	0							Non	ne Uterine Perforation
								l Hem	morrhage
Fetus viable?		If viable, medical re	eason for termi	ination:					_
☐ Yes ■ No	0								ection Retained Products
] Othe	ner (Specify)
Pathological examinat performed?	tion	If yes, results:							
Yes N	О						Did	this ter	ermination of pregnancy result in a maternal death
								Yes	■ No
Г									
				Type of Te	ermina	ation Procedur	res		
Procedure that Termin	nated I	Pregnancy				Additional Pr	ocedure that	Termin	nated Pregnancy
						_			
Medical (NonsurgMedical (Nonsurg							(Nonsurgical (Nonsurgical		
Medical (Nonsur							(Nonsurgical		
Medical (Surgical	1) Suc	ction Curettage			-	☐ Medical	(Surgical) S	uction (Curettage
☐ Medical (Surgical	l) Me	nstrual Aspiration				■ Medical	(Surgical) N	1enstru:	ual Aspiration
Medical (Surgical	1) Oti	ner (Specify)				☐ Medical	(Surgical) O	ther (S)	Specify)
For Medical (Surgical)) proc	edures, answer the foll	owing question	n.		For Medical ((Surgical) pro	ocedure	es, answer the following question.
Was the fetus viable ☐ Yes ☐		ve a post fertilization a	ige at least 20 v	weeks?			us viable or h Yes		post fertilization age at least 20 weeks?
If the previous question	n was	answered yes, comple	ete the followin	ng questions.		If the previou	s question wa	as answ	wered yes, complete the following questions.
Was the fetus given		est opportunity to survi	ve?				us given the te		pportunity to survive?
		ما بدر در د		1 1		_	_		and the second second
that required the pro-		ermination that the pre e to avert death or serio				that required			nation that the pregnant woman had a condition avert death or serious impairment to the pregnant
woman?						woman?			
L					<u> </u>				
Date last normal mens				Physician esti	imate	-	n weeks)		Post fertilization age of the fetus (in weeks)
TT a		/23/2017		10		7			5
How were the gestatio	onal ag	ge and post fertilization	age determine	ed?					
22									
Full name of physician		orming termination							
Address of physician p	perfor	-			d zip c	rode)			
8645 CONNECTICU	T ST	REET, MERRILLVIL	LE, IN 46410)					
**Date Reported to	DCS	, if Patient under 14	(month, day, y	vear):					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

**Date Reported to DCS, if Patient under 14 (month, day, year): _

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Reports for all other patients shall be submitted to the Indiana State Department of Health no later than July 30 for each termination performed in the first six (6) months of that year and no later than January 30 for each termination performed for the last six (6) months of the preceding year. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5(b). Facility Name and Address
PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET,
MERRILLVILLE, IN, 46410 City or town, of pregnancy termination County of pregnancy termination MERRILLVILLE LAKE Patient's age** Date of pregnancy termination Education Married 31 Yes No 12/13/2017 Some College, No Degree Ethnicity ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander Asian
White ☐ Black or African American ☐ Other Hispanic or Latino
Not Hispanic or Latino ■ Unknown Unknown Number now living Number now deceased Live Births: Number of induced terminations Number of spontaneous terminations **Other Terminations:** 0 Dates of terminations (Do not include this termination. If more than six (6), those most recent.) Complication(s) of Pregnancy Termination Fetus delivered alive? If yes, length of time fetus survived: ☐ Yes ■ No None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration Fetus viable? If viable, medical reason for termination: ☐ Yes ■ No ☐ Infection ☐ Retained Products ☐ Other (Specify) Pathological examination If yes, results: performed? Yes ■ No Did this termination of pregnancy result in a maternal death? Yes No Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy ☐ Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Menstrual Aspı
☐ Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ■ No Yes No If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? ☐ Yes ☐ No ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant woman? woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 10/14/2017 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. MANDY GITTLER Address of physician performing termination (number and street, city, state, and zip code) 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	OF ME	S RRILLVILLE - 8645 CONNEC	TICUT STREET,	City o	City or town, of pregnancy termination County of pre			nation
MERRILLVILLE, IN, 46410					WERK	AILL VILLE	LAKE	
Patient's age** 32	Mar	ried Yes No		ancy termination	Educ	ation	Some College, No Degree	
Race American Indian Native Hawaiian			Asian White	Black or Afr	ican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino	Unknown
Live Births:		Number now living	2			Number now o	leceased 0	
Other Termination	s:	Number of spontaneou	s terminations			Number of ind	uced terminations	
		not include this termin		* **	,			
Fetus delivered alive		If yes, length of tin			4	5	Complication(s) of Pregnancy Termin	
Yes Yes		ir yes, length of th	ne retus surviv	cu.			None	
							Hemorrhage	
Fetus viable?	. T	If viable, medical	reason for term	ination:		_	_	
☐ Yes ■ 1	INO						Infection Retained Prod	lucts
Deth-1i1ii	-4:	If					Other (Specify)	
Pathological examin performed?	ation	If yes, results:						
☐ Yes ■	No					Did thi □ Ye	s termination of pregnancy result in a m s No	aternal death?
							_	
				Type of Terr	nination Proced	ıres		
Procedure that Term	inated	Pregnancy			Additional F	Procedure that Ter	minated Pregnancy	
☐ Medical (Nonsu		,				l (Nonsurgical) 1		
☐ Medical (Nonsu	ırgica				☐ Medica	l (Nonsurgical) I l (Nonsurgical) (Misoprostol	
iviedicai (Nonst	irgica) Other (<i>specify</i>)			Wiedica	i (Nonsurgicai) (other (spectyy)	
Medical (Surgio	cal) N	uction Curettage Ienstrual Aspiration			☐ Medica	l (Surgical) Suct l (Surgical) Men	strual Aspiration	
Medical (Surgio	cal) C	ther (Specify)			☐ Medica	l (Surgical) Othe	r (Specify)	
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing questic	n.	For Medical	(Surgical) proceed	dures, answer the following question.	
Was the fetus viab		ave a post fertilization	age at least 20	weeks?		tus viable or have Yes \(\Boxed{\text{No}}\) No	e a post fertilization age at least 20 week	s:?
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions.	If the previo	us question was a	unswered yes, complete the following qu	iestions.
Was the fetus give		pest opportunity to surv	ive?			tus given the best Yes No	opportunity to survive?	
		etermination that the pr					rmination that the pregnant woman had	
that required the programmer woman?	rocedu	re to avert death or seri	ous impairmer	it to the pregnant	that requir woman?	ed the procedure	to avert death or serious impairment to t	he pregnant
Date last normal me	nses b	egan		Physician estim	ate of gestation	(in weeks)	Post fertilization age of the fetus (in	ı weeks)
Have were the costat		0/15/2017	n ogo dotomolim	ad2	7		5	
ULTRASOUND	ional	age and post fertilizatio	n age determin	cu:				
Full name of physici		forming termination						
	-	orming termination (nun			ip code)			
0040 COMMECTIC	J 1 3	INCLI, WENTILLVII	, IIN 404 II					
**Date Reported t	to DC	S, if Patient under 14	1 (month, day,	year):				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Facility Name and Addre PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410		CTICUT STREET,	City or town, o		ncy termination		County of pregnance	cy termination AKE				
Patient's age** Ma	arried	Date of pregnancy term	nination	Educat	ion							
27 M	Yes No	12/13/20		Laucai		igh Scho	ol Diploma or GEI	D				
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blac ■ White ☐ Other	ek or African Ame	erican	☐ Unknown		nic or Latino Iispanic or Latino	☐ Unknown				
Live Births:	Number now living	1			Number now de	eceased	0					
Other Terminations:	Number of spontaneou	s terminations 0			Number of indu	iced termin	nations 0					
Dates of terminations (D		,	**	ent.)								
I		3	4		5	Complic	ation(s) of Pregnanc	y Termination				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of tin	me ietus survivea:				•	_					
								e Perforation				
Fetus viable?	If viable, medical	reason for termination:				Hemorrhage		cal Laceration				
☐ Yes ■ No					l I	nfection	☐ Retain	ed Products				
						Other (Spec	ify)					
Pathological examination performed?	n If yes, results:											
Yes No								t in a maternal death?				
					☐ Yes	■ No)					
		_										
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Procedure that Terminate	ed Pregnancy		Addit	tional Pro	ocedure that Teri	minated Pr	egnancy					
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic					(Nonsurgical) M (Nonsurgical) M		e					
Medical (Nonsurgic	cal) Other (Specify)				(Nonsurgical) O		fy)					
Medical (Surgical)				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration								
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Mens (Surgical) Other		ration					
<u> </u>	(1 32)					1 357						
For Medical (Surgical) p	manadyman amayyan tha fal	Havring quarties		Andinal (Cumpinal) manand		er the following ques	, tion				
							• •					
Was the fetus viable or ☐ Yes ■ N	have a post fertilization No	age at least 20 weeks?	Was		is viable or have es No	a post fert	ilization age at least	20 weeks?				
If the previous question	was answered yes, compl	ete the following question	ons. If the	previous	s question was a	nswered ye	s, complete the follo	wing questions.				
Was the fetus given the	e best opportunity to surv	ive?	Was	s the fetu	s given the best	onnortunit	v to survive?					
Yes N					es No	оррогия	y to survive.					
	determination that the pr						nat the pregnant wor					
that required the proceed woman?	dure to avert death or seri	ious impairment to the pr		requirect nan?	the procedure to	o avert dea	th or serious impairn	nent to the pregnant				
Date last normal menses	began	Physicis	an estimate of ges	station (ii	ı weeks)	Post fer	rtilization age of the	fetus (in weeks)				
	09/12/2017		•	3			11	•				
How were the gestationa ULTRASOUND	al age and post fertilization	n age determined?										
221101000110												
Full name of physician p	performing termination											
DR. MANDY GITTLER												
Address of physician per 8645 CONNECTICUT	-		te, and zip code)									
3.0 3.1112011001		, +0+10										
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF ME	S RRILLVILLE - 8645 CON	IECTICUT STREET,		City or tov	vn, of pregna MERRI	•		County of pregnancy termination LAKE				
Patient's age** 31	Mar	ried Yes I No	Date of pregn	nancy termi 12/13/201		Educa	tion		ool Diploma or GED				
Race American Indian Native Hawaiian	or Ot	her Pacific Islander	☐ Asian ☐ White	■ Black	k or African r	American		known Not	y anic or Latino Hispanic or Latino				
Live Births:		Number now living	1				Numb	er now deceased	0				
Other Termination	s:	Number of spontane	ous terminations				Numb	per of induced termi	inations 0				
Dates of termination	s (Do	not include this term	v	, ,		recent.)		5	6				
Fetus delivered alive	?		time fetus surviv						cation(s) of Pregnancy Termination				
☐ Yes ■ I	No							None	☐ Uterine Perforation				
Fetus viable?		If viable medic	al reason for term	nination:				☐ Hemorrhag	ge Cervical Laceration				
Yes I	No	ii viabie, inedie	ar reason for term	mation.				☐ Infection	☐ Retained Products				
								Other (Spe	cify)				
Pathological examin performed?	ation	If yes, results:											
Yes •	No								on of pregnancy result in a maternal death?				
								☐ Yes ■ N	0				
				Туре	of Terminat	tion Procedur	res						
Procedure that Term	inated	Pregnancy			A	Additional Pr	ocedure	e that Terminated P	regnancy				
☐ Medical (Nonsu) Mifepristone				☐ Medical	(Nonsu	rgical) Mifepristor	ne					
☐ Medical (Nonsu	ırgical				ĵ 1	Medical	(Nonsu	rgical) Misoprosto	1				
_ `	C	, (1 33)				_	`		327				
Medical (Surgional Control Contro	al) S	uction Curettage											
	al) M	Ienstrual Aspiration			ĵ 1	Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	iration				
1	ĺ	1 337				_	` ` ` `	, (1 33)					
For Medical (Surgical	al) pro	ocedures, answer the	following question	on.	For Medical (Surgical) procedures, answer the following question.								
	_	ave a post fertilization					_	_	tilization age at least 20 weeks?				
	■ No		· ·			_	Yes [_					
If the previous quest		·	-	ng question	ns. I	•	•	·	es, complete the following questions.				
Was the fetus giver ☐ Yes ☐		pest opportunity to su	rvive?				us giver Yes [the best opportuni No	ty to survive?				
		etermination that the							that the pregnant woman had a condition				
woman?	oceau	re to avert death or s	erious impairmer	it to the pro	egnant	woman?	a tne pr	ocedure to avert de	ath or serious impairment to the pregnant				
Date last normal men		•		Physicia	n estimate o	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)				
How were the gestat	0/07/2017 age and post fertiliza	tion age determin	ed?		8			6					
ULTRASOUND													
E-II C 1 1 1		£											
Full name of physici DR. MANDY GITTL	-	torming termination											
Address of physician 8645 CONNECTIC					e, and zip co	ode)							
TO TO TOTAL OTTO	J. J	, MENNILL	, 114 704 11	-									
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOOD O MERRILLVILLE, IN, 46410		RRILLVILLE - 8645 CONNEC	TICUT STREET,		City or tow	n, of pregna	ncy term			County of pregna	ncy termination			
Patient's age**	Marr	ied	Date of pregn	nancy termina	ation	Educat	tion							
21	Marr	Yes • No		12/13/2017		Edded	iron		Asso	ciate Degree				
Race American Indian o			Asian White	■ Black o	or African A	American	☐ Unk	nown		nic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	1				Numbe	er now d	eceased	0				
Other Terminations	:	Number of spontaneou	s terminations				Numbe	er of indu	iced termin	nations 0				
	(Do i	not include this termina	,	(//		recent.)								
1. 2015			3		4			5	Complic	ation(s) of Pregnar	ncy Termination			
Fetus delivered alive? Yes N		If yes, length of tin	ne ietus surviv	ed:				■ N	None	_	ine Perforation			
										_				
Fetus viable?		If viable, medical r	eason for term	nination:				_ I	Hemorrhage	e 📙 Cerv	vical Laceration			
☐ Yes ■ N	o								nfection	Reta	ined Products			
									Other (Spec	ify)				
Pathological examina performed?	tion	If yes, results:												
Yes N	lo										ult in a maternal death?			
								☐ Yes	■ No)				
Type of Termination Procedures														
Procedure that Termin	nated	Pregnancy			A	dditional Pr	ocedure	that Terr	minated Pr	egnancy				
Medical (Nonsur									lifepriston					
☐ Medical (Nonsur ☐ Medical (Nonsur									Iisoprostol ther (<i>Speci</i>					
Medical (Surgical)	al) Su	action Curettage			-	Medical (Surgical) Suction Curettage								
	al) M	enstrual Aspiration				Medical	(Surgica	l) Mens	trual Aspir					
i Medicai (Surgica	11) ()	mer (<i>specify</i>)				Medical (Surgical) Other (Specify)								
For Medical (Surgical	l) pro	cedures, answer the fol	lowing questio	on.	Fo	or Medical (Surgical) proced	ures, answ	er the following qu	estion.			
Was the fetus viable ☐ Yes ■		ave a post fertilization a	age at least 20	weeks?			us viable Yes		a post fert	ilization age at leas	st 20 weeks?			
		s answered yes, comple	ata tha fallowin	na augstions	16	_			nervorad ve	es, complete the fol	lowing questions			
				ng questions		•	•		•	•	lowing questions.			
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes □		opportunit	y to survive?				
What was the basis	for de	etermination that the pro	egnant woman	had a condit	tion	What was th	ne basis f	for deter	mination th	nat the pregnant wo	oman had a condition			
		re to avert death or serie			nant						rment to the pregnant			
woman.						woman.								
Date last normal men	coc h	agan		Dhysician	actimata of	gestation (i	n waster	1	Doct f-	rtilization age of th	a fatus (in washa)			
Date last normal men	i nysician	12	n weeks)	•	rost iei	runzation age of th								
_	ge and post fertilization	ied?												
ULTRASOUND														
Full name of -1:	n ==-	forming tomais -ti												
Full name of physicia DR. MANDY GITTLI	_	iorming termination												
	-	rming termination (num			and zip cod	de)								
8645 CONNECTICU	JT ST	REET, MERRILLVIL	LE, IN 46410	0										
**Date Reported to	DC:	S, if Patient under 14	(month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MEF	RRILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	own, of pregn	ancy terr			County of preg	nancy te	
D (2) and 1			D (C			I						
Patient's age** 26	Marr	ied □ Yes ■ No	Date of pregr	12/13/201		Educ	ation			ollege, No Deg	ree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	known		y anic or Latino Hispanic or Latin	0	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou		i			Numb	er of ind	uced termi			
Dates of termination	s (Do 1	not include this termin	v	, ,		ost recent.)				0		
Fetus delivered alive		If yes, length of ti				4		5	Complie	cation(s) of Pregn	ancy Te	ermination
Yes I		ii yes, lengui oi u	ilie tetus surviv	reu.				1		_	•	erforation
										_		
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_		Laceration
Yes I	No							□ I	nfection	∐ Ro	etained I	Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No										result in	a maternal death?
								☐ Yes	s 🔳 N	0		
				Т	of To-	nation Dec 1	lrog					
				ı ype o	oi i ermii	nation Procedu						
Procedure that Term	inated	Pregnancy			Additional F	rocedure	that Ter	minated P	regnancy			
Medical (NonsuMedical (Nonsu								Mifepriston Misoprosto				
		Other (Specify)							Other (Spec			
Medical (Surgio	al) Su	iction Curettage										
☐ Medical (Surgion Med		enstrual Aspiration			Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
	,	(0)			interior (Surgean) Suite (Speedily)							
For Medical (Surgical	al) pro	cedures, answer the fo	llowing question	on.	For Medical (Surgical) procedures, answer the following question.							1.
	_	ave a post fertilization					_	_		tilization age at le	_	
	☐ No	ave a post rerumbation	age at least 20	weens.			Yes [_	a post rer	annemuon uge ut re		, cons.
If the previous quest	ion wa	s answered yes, comp	lete the followi	ng question	ıs.	If the previo	us questi	on was a	nswered y	es, complete the f	followin	g questions.
	n the b	est opportunity to surv	vive?					the best No	opportuni	ty to survive?		
		etermination that the pr								hat the pregnant		
that required the pr woman?	ocedu	re to avert death or ser	ious impairmer	nt to the pre	gnant	that require woman?	ed the pro	ocedure t	o avert dea	ath or serious imp	airment	to the pregnant
Date last normal men	nses be	egan		Physician	n estimate	e of gestation	in weeks	;)	Post fe	ertilization age of	the fetu	s (in weeks)
		9					7					
How were the gestat ULTRASOUND												
Full name of physici DR. MANDY GITTI		forming termination										
	-	rming termination (nu			, and zip	code)						
6043 CUNNECTIC	UI 31	REET, MERRILLVI	LLE, IN 4641	U								
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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	OF ME	RRILLVILLE - 8645 CONNEC	TICUT STREET,	City		nancy termination		ncy termination		
MERRILLVILLE, IN, 46410					1411111		<u>l</u>			
Patient's age** 38	Mar	ried Yes No		ancy termination	Educ	ation	Some College, No Degree	9		
Race American Indian Native Hawaiian			Asian White	☐ Black or Afr	rican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3			Number now	leceased 0			
Other Termination	s:	Number of spontaneou	s terminations			Number of inc	luced terminations			
		not include this termin		* **	*		•			
Fetus delivered alive		211			4	5	Complication(s) of Pregnan			
Yes I		If yes, length of tin	ne ietus surviv	eu:			_	ine Perforation		
						-	_			
Fetus viable?		If viable, medical	reason for term	ination:			~ _	rical Laceration		
☐ Yes ■ 1	No						Infection Reta	ined Products		
							Other (Specify)			
Pathological examination performed?	ation	If yes, results:								
Yes I	No						s termination of pregnancy res	ult in a maternal death?		
						□ Ye	s No			
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
■ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)										
Medical (Nonsu	ırgıcal) Other (Specify)			☐ Medica	il (Nonsurgical)	Other (Specify)			
Medical (Surgio		action Curettage Senstrual Aspiration				d (Surgical) Suct	ion Curettage strual Aspiration			
Medical (Surgio						l (Surgical) Othe				
For Medical (Surgical	al) pro	cedures, answer the fol	lowing question	n.	For Medica	(Surgical) proce	dures, answer the following qu	estion.		
Was the fetus viabl ☐ Yes [ave a post fertilization	age at least 20	weeks?		etus viable or hav Yes	e a post fertilization age at leas	t 20 weeks?		
	_	as answered yes, compl	ete the followi	ng questions.		_	answered yes, complete the following	lowing questions.		
Was the fetus given	n the b	est opportunity to surv			Was the fe	etus given the bes	t opportunity to survive?	0.1		
☐ Yes ☐						Yes No				
that required the pr		etermination that the pr re to avert death or seri			that requir	the basis for dete ed the procedure	rmination that the pregnant wo to avert death or serious impair	man had a condition rment to the pregnant		
woman?					woman?					
Details 1				Diamin		(in 1)	D-4 f- (1) (1)	- F-t (in 1)		
Date last normal mer		egan 0/11/2017		Physician estim	ate of gestation 7	(in weeks)	Post fertilization age of the 5	e ietus (<i>in weeks)</i>		
	ional a	age and post fertilization	n age determin	ed?						
ULTRASOUND										
Full name of physici		forming termination								
DR. MANDY GITTL Address of physician		orming termination (num	nber and stree	t, city, state, and z	cip code)					
	-	TREET, MERRILLVII								
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/20/2017

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF ME	S RRILLVILLE	- 8645 CONNE	CTICUT STREET,		City or tov	wn, of pregna MERRI	•			County of pregnancy termination LAKE		
Patient's age** 25	Mar	ried Yes	■ No	Date of pregn	ancy termi 12/13/201		Educa	tion			ociate Degree		
Race American Indian Native Hawaiian				☐ Asian ■ White	☐ Black	x or African r	American	☐ Un	known	Ethnicity Hispa Not H	nnic or Latino Hispanic or Latino		
Live Births:		Number n	ow living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number o	of spontaneo	us terminations 0				Numb	er of ind	uced termin			
Dates of termination	s (Do			nation. If more th			t recent.)		5		6.		
Fetus delivered alive				me fetus surviv							cation(s) of Pregnancy Termination		
☐ Yes ■ I	No									None	☐ Uterine Perforation		
Fetus viable?		If vial	ble, medical	reason for term	ination:				☐ I	Hemorrhag	e Cervical Laceration		
Yes I	No		,						□ I	nfection	☐ Retained Products		
										Other (Spec	cify)		
Pathological examin performed?	ation	If yes	, results:										
Yes •	No								Did this		on of pregnancy result in a maternal death?		
									1e;	S <u> </u>	U.		
					Туре	of Termina	tion Procedu	res					
Procedure that Term	inated	l Pregnancy	y				Additional Pr	ocedure	that Ter	minated Pr	regnancy		
☐ Medical (Nonsu	l) Mifepris	stone				☐ Medical	(Nonsu	rgical) N	/lifepriston	e			
☐ Medical (Nonsu ☐ Medical (Nonsu	ırgical ırgical	l) Misopro l) Other (S	ostol Specify)				Medical	(Nonsu	rgical) N	Aisoprostol Other (Spec			
								,					
Medical (Surgional Control Contro	al) S	uction Cur	ettage			_i	☐ Medical	(Surgic	al) Sucti	on Curetta	ge		
Medical (Surgio	al) N	Ienstrual A	Aspiration				Medical	(Surgic	al) Mens	strual Aspii r <i>(Specif</i> y)			
1		. 1	<i>337</i>				_	` ` ` `	,	1 337			
For Medical (Surgical	al) pro	ocedures, a	nswer the fo	llowing questio	n.	_]	For Medical (Surgica	ıl) proced	lures, answ	er the following question.		
Was the fetus viable	_						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	■ No						_	Yes [_	•	•		
If the previous quest					ng question	ns. 1	•	•		•	es, complete the following questions.		
Was the fetus given Yes			unity to surv	vive?				us given Yes		opportunit	ty to survive?		
What was the basis											hat the pregnant woman had a condition		
that required the pr woman?	oceau	ire to avert	death or ser	ious impairmen	it to the pre	egnant	woman?	a tne pro	ocedure t	o avert dea	th or serious impairment to the pregnant		
Date last normal men		Physicia	n estimate o	of gestation (i	n weeks	i)	Post fe	rtilization age of the fetus (in weeks)					
10/17/2017 How were the gestational age and post fertilization age determined?							8				6		
ULTRASOUND													
Full name of physici DR. MANDY GITTL	_	rforming te	ermination										
Address of physician		_	*			e, and zip co	ode)						
8645 CONNECTIC	UI S	IKEEI, N	IIEKKILLVI	LLE, IN 4641(,								
**Date Reported to DCS, if Patient under 14 (month, day, year):									-				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MER	RILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	own, of pregn	ancy terr			County of preg	gnancy LAI		
Dationt? + ++			Data of		noti - ::	F-1	ntio						
Patient's age** 24	Marr	ied □ Yes ■ No	Date of pregr	12/13/2017		Educa	ation	н	_	ol Diploma or	GED		
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	☐ Black		an American		known	■ Not I	/ anic or Latino Hispanic or Latir	10	Unknown	
Live Births:		Number now living	1					er now d		0			
Other Termination	s:]	Number of spontaneou	us terminations 0	•			Numb	er of ind	uced termi	nations 0			
Dates of termination	s (Do r	ot include this termin	v			ost recent.)	•	_					
Fetus delivered alive	.?	If yes, length of ti				4		5	Complic	cation(s) of Pregr	nancy [Termination	
Yes I		if yes, length of the	me retus sur vi v	rea.				■ N	None	Пυ	Iterine	Perforation	
									Hemorrhag			Laceration	
Fetus viable?		If viable, medical	reason for term	nination:						_			
☐ Yes ■ I	No							□ I	nfection	∐ R	etainec	l Products	
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No										result i	n a maternal death?	
								☐ Yes	s 🔳 N	0			
				m.	-cm :	and D							
				Туре	of Termii	nation Procedu							
Procedure that Term	inated	Pregnancy			Additional P	rocedure	that Ter	minated Pr	regnancy				
Medical (Nonsu Medical (Nonsu								Aifepriston Aisoprostol					
		Other (Specify)							ther (Spec				
Medical (Surgional Control Contro	cal) Su	ction Curettage				Medical	l (Surgic	al) Sucti	on Curetta	ge			
	cal) Mo	enstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
iviedicai (Surgio	zai) Ot	ner (specify)					(Surgic	ar) Ouici	(вресцу)				
					For Medical (Surgical) procedures, answer the following question								
For Medical (Surgical	al) prod	cedures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or ha ■ No	ve a post fertilization	age at least 20	weeks?		_	tus viabl Yes 🏻	_	a post fert	tilization age at l	east 20	weeks?	
If the previous quest	ion wa	s answered yes, comp	lete the followi	ng question	ıs.	If the previous	us questi	on was a	nswered y	es, complete the	followi	ing questions.	
Was the fetus given	n the b	est opportunity to surv	vive?			Was the fet	tus given	the best	opportuni	ty to survive?			
☐ Yes ☐	☐ No						Yes	No					
		termination that the pre-										n had a condition nt to the pregnant	
woman?	ocedui	e to avert death of ser	ious impairmei	nt to the pre	gnant	woman?	ed the pro	ocedure i	o avert dea	un or serious im	panine	in to the pregnant	
Date last normal men		gan)/16/2017		Physician	n estimate	e of gestation (in weeks	s)	Post fe	rtilization age of	the fet	tus (in weeks)	
How were the gestat		9					7						
ULTRASOUND													
L													
Full name of physici DR. MANDY GITTI		Forming termination											
	-	ming termination (nu			, and zip	code)							
8045 CONNECTIC	บเรโ	REET, MERRILLVI	LLE, IN 4641	υ 									
**Date Reported t	to DCS	S, if Patient under 1											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MER	RILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	own, of pregn	ancy terr			County of preg	gnancy LA	
Dations' **			Data -f		noti	F-1	atio					
Patient's age** 28	Marri	ed □ Yes ■ No	Date of pregn	12/13/2017		Educ	ation	н		ool Diploma or	GED	
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	☐ Asian ☐ White	■ Black □ Other		an American		known	■ Not I	y anic or Latino Hispanic or Latin	10	☐ Unknown
Live Births:	ı	Number now living	3				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	us terminations 0				Numb	er of ind	uced termi	nations 2		
Dates of termination	,	ot include this termin	•	than six (6),		ost recent.)	1	5.		6.		
Fetus delivered alive	?	If yes, length of ti							Complie	cation(s) of Pregr	nancy '	Γermination
☐ Yes ■	No							■ N	None	□ U	Iterine	Perforation
								□ I	Hemorrhag	te 🗆 C	ervica	Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:					nfection	_		d Products
	140									_	ctame	Troducts
D.1.1.1.1.		TC 1							Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										result	in a maternal death?
								☐ Yes	s 🔳 N	0		
				Type o	of Termin	nation Procedu	ıres					
Procedure that Ta	ineted	Dragnancy		- 5			that Ta-	minated D	ragnangy			
Procedure that Term		•			Additional F							
Medical (Nonsu Medical (Nonsu								Aifepriston Aisoprosto				
		Other (Specify)							Other (Spec			
Medical (Surgional Control Contro	cal) Su	ction Curettage			Medical (Surgical) Suction Curettage							
Medical (Surgio		enstrual Aspiration				☐ Medica	l (Surgic	al) Mens	strual Aspi	ration		
- Wedlear (Surgio	<i>(</i> () ()	nor (specify)			☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.	For Medical (Surgical) procedures, answer the following question.							
	_						_	_			-	
	e or ha No	ve a post fertilization	age at least 20	weeks?			Yes [_	a post fer	tilization age at l	east 20	weeks?
If the previous quest	ion was	s answered yes, compl	lete the followi	ing question	ıs.	If the previo	us questi	ion was a	nswered y	es, complete the	follow	ing questions.
	n the be	est opportunity to surv	vive?					the best No	opportuni	ty to survive?		
		termination that the pr	regnant woman	n had a cond	lition	_	_	_	mination t	hat the pregnant	Woma	n had a condition
that required the pr		e to avert death or seri				that require						nt to the pregnant
woman?						woman?						
				Γ = .					1			
Date last normal me		gan /14/2017	n estimate	e of gestation (in weeks	5)	Post fe	ertilization age of	f the fe	tus (in weeks)		
How were the gestat		· · · · · · · · · · · · · · · · · · ·			Ī							
ULTRASOUND												
Full name of physici	an nort	orming termination										
DR. MANDY GITTI	_ER											
	-	ming termination (num			, and zip	code)						
**Date Reported t	o DCS	s, if Patient under 1	4 (month, day,	year):						_		

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	City or	town, of pregna	ncy terminat	tion	County of pregnancy termination LAKE		
Patient's age** 37	Marrie [d ☐ Yes ■ No	Date of pregnancy ter		Educa	tion		ool Diploma or GED		
Race American Indian Native Hawaiian			= =	ack or Afric	can American	☐ Unknow	Ethnicity Hispa	y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living					ow deceased	0		
Other Termination	s: N	umber of spontaneou	s terminations 0			Number of	induced termi	nations 2		
Dates of termination		t include this termina UNKNOWN	ation. If more than six ((6), those m	ost recent.)		5	6		
Fetus delivered alive		If yes, length of tin	ne fetus survived:				Compli	cation(s) of Pregnancy Termination		
l les 🕒	NO					•	None	☐ Uterine Perforation		
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	e Cervical Laceration		
☐ Yes ■	No						Infection	☐ Retained Products		
							Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:								
☐ Yes ■	No						this termination	on of pregnancy result in a maternal death?		
							165 🔲 1			
			Ty	pe of Termi	ination Procedur	res				
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that	Terminated Pr	regnancy		
☐ Medical (Nonsu					☐ Medical	(Nonsurgica	l) Mifepriston	e		
Medical (Nonsu Medical (Nonsu	urgical) urgical)	Misoprostol Other (Specify)			☐ Medical ☐ Medical	(Nonsurgica (Nonsurgica	l) Misoprostol	1 :ify)		
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) S	Suction Curetta	ge		
	cal) Mer	strual Aspiration			☐ Medical	(Surgical) N	Menstrual Aspi Other (Specify)	ration		
	,	(1 33)								
For Medical (Surgic	al) proce	dures, answer the fol	lowing question.	For Medical (Surgical) procedures, answer the following question.						
	_		age at least 20 weeks?					tilization age at least 20 weeks?		
☐ Yes [■ No	•			Y	Yes No)	•		
			ete the following quest	ions.		_		es, complete the following questions.		
was the fetus give		t opportunity to surv	ive?			us given the Yes \[\] No	best opportunit	ty to survive?		
			regnant woman had a co					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	occuure	to avert death of sen	ous impairment to the	pregnant	woman?	a the procedi	are to avert det	and of scrious impairment to the pregnant		
Date last normal me	_	an KNOWN	Physic	cian estimat	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 4		
How were the gestat			n age determined?				1			
ULTRASOUND										
Full name of physici	_	rming termination								
DR. MANDY GITTI		ning termination (pur	nber and street, city, st	tate and sir	n code)					
8645 CONNECTIC	-	-		анс, ана хи	, couc)					
**Date Reported t	to DCS,	if Patient under 14	4 (month, day, year): _					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF ME	S RRILLVILLE - 86	45 CONNEC	CTICUT STREET,		City or to	wn, of pregna	•			County of pregnancy termination LAKE			
Patient's age** 22	Mar		■ No	Date of pregna	ancy termi 12/13/201		Educa	tion			h, No Diploma			
Race American Indian Native Hawaiian				☐ Asian ■ White	☐ Black		n American	☐ Un	known	Ethnicity Hispa Not H	nic or Latino lispanic or Latino			
Live Births:		Number now	living	2				Numb	er now d		0			
Other Termination	s:	Number of sp	pontaneou	us terminations 0				Numb	er of ind	uced termin				
Dates of termination	s (Do			ation. If more th	, ,		st recent.)		5		6.			
Fetus delivered alive	?			me fetus survive							ation(s) of Pregnancy Termination			
☐ Yes ■ I	No									None	☐ Uterine Perforation			
Fetus viable?		If viable	madical	reason for termi	ination:				□ I	Hemorrhage	e Cervical Laceration			
Yes I	No	ii viable,	, medicai	reason for terms	mation.				□ I	nfection	☐ Retained Products			
										Other (Spec	ify)			
Pathological examin performed?	ation	If yes, re	sults:											
Yes •	No										on of pregnancy result in a maternal death			
									☐ Yes	s 🔳 No				
					Type	of Termination Procedures								
Procedure that Term	inated	Pregnancy			Турс		Additional Pr		that Ter	minated Pr	egnancy			
☐ Medical (Nonsu								Tifepriston						
Medical (Nonsu Medical (Nonsu Medical (Nonsu	ırgical) Misoprosto	1				■ Medical	(Nonsu	rgical) N	Tisoprostol Other (Speci				
	y Giner (spec				Wiedicar	(1 tollsu	igical) c	ther (Speed	<i>39)</i>					
Medical (Surgional Control Contro	al) Si	uction Curetta	nge				☐ Medical	(Surgic	al) Sucti	on Curetta	Je			
Medical (Surgio	al) M	Ienstrual Aspi	iration				■ Medical	(Surgic	al) Mens	strual Aspir r (Specify)				
	.ui) O	ther (Speetyy)					Wiedicar	(Burgie	ar) Ouic	(Бресіду)				
For Medical (Surgical	al) pro	ocedures, answ	ver the fo	llowing question	n.		For Medical	(Surgica	ıl) proced	lures, answ	er the following question.			
Was the fetus viable	_						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	■ No						_	Yes [_					
If the previous quest		•			ig question	is.	•	1		•	s, complete the following questions.			
Was the fetus given ☐ Yes [ty to surv	ive?				us giver Yes [opportunit	y to survive?			
What was the basis that required the pr											nat the pregnant woman had a condition th or serious impairment to the pregnant			
woman?				r			woman?	p-						
D (1 () 1	1				DI		S	. 1	,	I D . C				
Date last normal menses began 09/12/2017 Physician esti							of gestation (a	in weeks	i)	Post le	rtilization age of the fetus (in weeks)			
How were the gestational age and post fertilization age determined? ULTRASOUND														
ULIKASOUND														
Full name of physici	_	forming term	ination											
DR. MANDY GITTL Address of physician		orming termin	ation (nu	mber and street	, city, state	e, and zip c	rode)							
8645 CONNECTIC		_					,							
dula D		g :c= :												
**Date Reported t	o DC	S, if Patient	under 1	4 (month, day, y	vear):						-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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te the main and the main and the main and the population of reduct main and (e) days of the termination. (ede to 12 of 2 of

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or to	own, of pregna			County of pregr	ancy termination LAKE			
Patient's age** 24	Marrie [d ☐ Yes ■ No	Date of pregna	ancy termi 12/13/201		Educa	tion		12th, No Diploma				
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		nn American	☐ Un		ity spanic or Latino t Hispanic or Latino	□ Unknown			
Live Births:	N	umber now living	2				Numb	er now deceased					
Other Termination	s: N	umber of spontaneou					Numb	er of induced terr					
Dates of termination 2010	s (Do no	t include this termin	ation. If more th	nan six (6),	, those mo	st recent.)		5	6				
Fetus delivered alive		If yes, length of tin	me fetus survive	ed:		*		Comp	lication(s) of Pregna	ancy Termination			
☐ Yes ■ I	No							None	☐ Uto	erine Perforation			
T		TC ' 11 1' 1						☐ Hemorrh	age 🗌 Ce	rvical Laceration			
Fetus viable? Yes I	No	If viable, medical	reason for termi	ination:				☐ Infection	☐ Re	tained Products			
								Other (Sp	pecify)				
Pathological examin	ation	If yes, results:											
performed? Yes	No							Did this termina	ntion of pregnancy re	esult in a maternal death?			
								☐ Yes ■	No				
					C.T.								
				Туре	of Termin	ation Procedur			_				
Procedure that Term								that Terminated	•				
☐ Medical (Nonsu ☐ Medical (Nonsu	Misoprostol				■ Medical	(Nonsu	rgical) Mifeprist rgical) Misopros	tol					
☐ Medical (Nonsu	ırgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) Other (Sp	ecify)				
Medical (Surgio		tion Curettage astrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration								
Medical (Surgio								al) Other (Specif					
For Medical (Surgical	al) proce	dures, answer the fol	llowing question	n.		For Medical (Surgica	al) procedures, an	swer the following of	question.			
Was the fetus viab ☐ Yes [_	e a post fertilization	age at least 20 v	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	ion was	answered yes, compl	ete the followin	ng question	ıs.	If the previou	s questi	on was answered	yes, complete the fe	ollowing questions.			
Was the fetus giver ☐ Yes [t opportunity to surv	ive?				us given Yes [the best opportu No	nity to survive?				
		ermination that the pr to avert death or seri								voman had a condition airment to the pregnant			
woman?	ocedure	to avert death of sen	ious impairmen	t to the pre	gnam	woman?	u uie pro	ocedure to avert c	lead of serious impa	anment to the pregnant			
Date last normal men	Physician	n estimate	of gestation (i	n weeks	Post	fertilization age of	the fetus (in weeks)						
How were the gestat	ed?		13				•						
ULTRASOUND													
D 11													
Full name of physici DR. MANDY GITTL	_	rming termination											
Address of physician	_	-			e, and zip	code)							
8645 CONNECTIO	UI SIR	ECI, WEKKILLVII	LLE, IN 46410	<u></u>									
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/21/2017

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	С	ity or town, o	f pregnar			County of		cy termination AKE	
Patient's age** 33	Marrie [d Yes • No	Date of pregnar	ncy termina 2/13/2017	tion	Educat	cion		hool Diplom	a or GEI	D	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black of	r African Amo	erican	☐ Unk		rity spanic or Latir ot Hispanic or		☐ Unknown	
Live Births:	N	umber now living		_				r now deceased				
Other Termination	ns:	umber of spontaneou	us terminations 0				Numbe	er of induced ter	minations 2			
Dates of termination		t include this termin 1998	ation. If more the	an six (6), th	ose most rece	ent.)						
Fetus delivered alive		If yes, length of ti	me fetus survived	d:	4			5Comp	olication(s) of	Pregnancy	y Termination	
☐ Yes ■		,, . g						None		☐ Uterin	e Perforation	
								☐ Hemorrh	age [☐ Cervic	cal Laceration	
Fetus viable? Yes	No	If viable, medical	reason for termin	nation:				☐ Infection	Г	☐ Retain	ned Products	
								Other (S)		_		
Pathological examin	ation	If yes, results:							307			
performed?	No							Did this termina	ation of pregn	ancy resul	It in a maternal death?	
								Yes •	1 0	ancy resur	t iii a matemai deatii :	
				Type of	Termination 1	Procedur	es					
Procedure that Term	ninated Pr	regnancy			Addi	tional Pro	ocedure	that Terminated	Pregnancy			
Medical (Nonsu Medical (Nonsu								gical) Mifeprist gical) Misopros				
Medical (Nonst								gical) Other (Sp.				
Medical (Surgio								l) Suction Cure				
Medical (Surgio		strual Aspiration er (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	l.	For N	Medical (Surgical) procedures, an	swer the follo	wing ques	 stion.	
Was the fetus viab		e a post fertilization	age at least 20 w	veeks?	Wa		ıs viable Yes 🔲	or have a post f	ertilization ag	e at least?	20 weeks?	
If the previous quest	tion was	answered yes, comp	lete the following	g questions.	If the	previous	s questio	on was answered	yes, complete	e the follo	wing questions.	
Was the fetus give		t opportunity to surv	vive?		Wa		is given Tes	the best opportu No	nity to survive	e?		
		rmination that the pr									nan had a condition	
woman?	rocedure	to avert death or ser	ious impairment	to the pregn		requirec man?	the pro	cedure to avert of	leath or seriou	ıs impairn	nent to the pregnant	
Date last normal me		estimate of ges		n weeks)	Post	fertilization a	-	fetus (in weeks)				
10/19/2017 How were the gestational age and post fertilization age determined?						7				5		
ULTRASOUND												
Full name of physics DR. MANDY GITTI	LER	_										
Address of physician 8645 CONNECTIC	-	-			und zip code)							
		,										
**Date Reported to DCS, if Patient under 14 (month, day, year):												

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PLANNEĎ PARENTHOOD	Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termination LAKE		
Dations: ++	Ι.		Data -f	**************************************	.ati	F-1	tion						
Patient's age** 19	Mai	rried Yes I No	Date of pregr	12/13/2017		Educa	ition			ollege, No Degi	ee		
Race American Indian Native Hawaiian			Asian White	■ Black □ Other		an American	☐ Unkno		Not I	y anic or Latino Hispanic or Latino)	Unknown	
Live Births:		Number now living	0				Number n	now de	eceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations	1			Number o	of indu	iced termi	nations 0			
Dates of termination	is (Do	not include this termina	ation. If more t	than six (6),	those m	ost recent.)	l						
1		2				4		5	Complia	6		Compination	
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ved:		Complication(s) of Pregnancy Termination							
		■ None ☐ Uterine Perforation						Perforation					
Fetus viable? If viable, medical reason for termination:							-	☐ H	Iemorrhag	ge 🗌 Ce	ervical	Laceration	
☐ Yes ■ No								☐ It	nfection	☐ Re	etaineo	l Products	
							I		ther (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes • No							Di	id this	termination	on of pregnancy i	esult	in a maternal death?	
				Yes	■ N	0							
				Type o	of Termi	nation Procedu	res						
Procedure that Term	inate	l Pregnancy				Additional P	rocedure tha	at Terr	minated Pr	regnancy			
Medical (Nonsu							(Nonsurgic						
Medical (Nonsu Medical (Nonsu		l) Misoprostol l) Other (Specify)					(Nonsurgic (Nonsurgic						
Medical (Surgic	cal) S	uction Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge			
	cal) N	Ienstrual Aspiration				☐ Medical	(Surgical)	Mens	trual Aspi				
Wiedicai (Surgio	cai) C	other (Specify)				Medical (Surgical) Other (Specify)							
	1)		1				/G : 1)			4 6 11 .			
, ,		ocedures, answer the fol	0 1			For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab		nave a post fertilization a	age at least 20	weeks?			us viable or Yes 🔲 N		a post fert	tilization age at le	ast 20	weeks?	
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	us question v	was aı	nswered vo	es, complete the f	ollow	ing questions.	
		best opportunity to surv		8 1			_		-	ty to survive?		8 1	
	□ No		ive:				Yes \[\] N		оррогин	ty to survive:			
		etermination that the pr								hat the pregnant			
that required the programmer woman?	roced	are to avert death or seri	ous impairmer	nt to the preg	gnant	that require woman?	d the proced	dure to	avert dea	ath or serious imp	airme	nt to the pregnant	
Date last normal me	nses l	egan		Physician	estimate	e of gestation (in weeks)		Post fe	ertilization age of	the fe	tus (in weeks)	
	(09/26/2017				10	/				8	, ,	
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	ned?									
SELVAGOOIAD													
Full name of physician performing termination													
DR. MANDY GITTI		orming termination (nun			1 .								
	-	TREET, MERRILLVIL			ana zip	coae)							
**Date Reported t	**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410						City or town, of pregnancy termination County of pregnation MERRILLVILLE					ion		
Patient's age** 29	Marrie	d Yes • No	Date of pregn	nancy termin		Educa	tion		Some Co	llege, No Degree			
Race American Indian Native Hawaiian Live Births:	or Other		☐ Asian ☐ White	☐ Black		n American		known er now d	Not H	nic or Latino lispanic or Latino Un	known		
	Ni	umber of contango	1				Numb	er of ind	uced termir	0			
Other Termination	15:	umber of spontaneou	0				INUITIO	er or mu	uced termin	1			
Dates of termination 1. 08/2017	is (Do no	t include this termin	*	han six (6),		st recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	ation(s) of Pregnancy Terminat	ion		
☐ Yes ■	No					■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical	ranson for tarm	ination:				☐ F	Hemorrhage	e Cervical Lacerati	ion		
Yes Telus Viable?	No	ii viable, medical	reason for term	imation:				□ I	nfection	☐ Retained Product	ts		
									Other (Spec	if _v)			
Pathological examin	ation	If yes, results:							Juici (Spec	997			
performed?	ation	ii yes, resuits.											
☐ Yes ■				Did this		on of pregnancy result in a mate	rnal death?						
				Туре	of Termina	ation Procedu	res						
Procedure that Term	inated Pr	regnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy			
☐ Medical (Nonsu						☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////				
☐ Medical (Nonsu ☐ Medical (Nonsu	ırgical) l	Misoprostol Other (<i>Specify</i>)							Aisoprostol Other (Speci	fy)			
		(<i>-</i>					(- ,	-8	(~ <i>p</i>	,,,,			
<u></u>													
Medical (SurgionMedical (Surgion		ion Curettage strual Aspiration				☐ Medical ☐ Medical	(Surgic	al) Sucti al) Mens	on Curettag strual Aspir	ge ation			
Medical (Surgio	cal) Othe	er (Specify)							r (Specify)				
For Medical (Surgic	al) proce	dures, answer the fo	ollowing question	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab ☐ Yes [e a post fertilization	age at least 20	weeks?			us viabl		a post ferti	ilization age at least 20 weeks?			
If the previous quest	tion was a	answered yes, comp	lete the following	ng question	18.	If the previou	s questi	on was a	nswered ye	s, complete the following quest	ions.		
Was the fetus give ☐ Yes [t opportunity to surv	vive?				us given Yes [opportunit	y to survive?			
What was the basis	s for dete	rmination that the p	regnant woman	had a cond	lition	What was th	ne basis	for deter	mination th	nat the pregnant woman had a co	ondition		
		to avert death or ser								th or serious impairment to the			
woman:						woman:							
				T =									
Date last normal me	_	an 09/2017		Physician	n estimate	of gestation (i	n weeks	s)	Post fer	tilization age of the fetus (in wa	eeks)		
How were the gestat			on age determin	ed?						•			
ULTRASOUND													
Full name of physici		rming termination											
Address of physician	n perform	-			, and zip c	ode)							
8645 CONNECTIC	UT STR	EET, MERRILLVI	LLE, IN 46410	0									
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):									

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410				City or town, of pregnancy termination MERRILLVILLE				County of pregnancy termination LAKE				
Patient's age** 20	Marrie	d Yes • No	Date of pregna	ancy termina 12/13/2017	ation	Educat	tion		ol Diploma or GED			
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black o	or African Am	erican	Unkno		unic or Latino Iispanic or Latino	n		
Live Births:	Nı	umber now living	0				Number n	now deceased	0			
Other Termination	ns: Nu	umber of spontaneou	us terminations				Number o	of induced termin	nations 0			
Dates of termination	ns (Do no		ation. If more th			ent.)		5	6			
Fetus delivered alive	e?	If yes, length of ti							ation(s) of Pregnancy Termination			
☐ Yes ■	No					■ None ☐ Uterine Perforation						
Establish and indicate a feature in the control of						☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable? If viable, medical reason for termination: Yes No						☐ Infection ☐ Retained Products						
								Other (Spec	ify)			
Pathological examin	nation	If yes, results:							327			
performed?							_					
☐ Yes ■ No						Did this termination of pregnancy result in a maternal deat Yes No						
				Type of	Termination	Procedur	es					
Procedure that Term	ninated Pr	regnancy			Addi	itional Pr	ocedure tha	at Terminated Pr	egnancy			
Medical (Nonst	urgical) l	Mifepristone				Medical	(Nonsurgic	cal) Mifepriston	e			
Medical (Nonsu Medical (Nonsu								cal) Misoprostol cal) Other (Spec				
		(<i>-</i> p y))					((ap ::	337			
Madia-1 (Com-	1\ C4	: C			_	M - 4:1	(C:1)	S				
	cal) Men	strual Aspiration				Medical	(Surgical)	Suction Curetta Menstrual Aspir				
Medical (Surgio	cal) Othe	er (Specify)				Medical	(Surgical)	Other (Specify)				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	n.	For I	Medical (Surgical) p	procedures, answ	er the following question.			
Was the fetus viab ☐ Yes [e a post fertilization	age at least 20 v	weeks?	Wa		ıs viable or Yes 🔲 N		ilization age at least 20 weeks?			
If the previous quest	tion was a	answered yes, comp	lete the followin	ng questions.	. If the	e previou	s question	was answered ye	es, complete the following questions.			
Was the fetus give		t opportunity to surv	vive?		Wa		us given the Yes \[\] \[\]	e best opportunit No	y to survive?			
		rmination that the pr							nat the pregnant woman had a condition			
that required the process woman?	rocedure	to avert death or ser	ious impairmen	t to the pregi		it required man?	d the proced	dure to avert dea	th or serious impairment to the pregna	ınt		
Date last normal me	nses hee	an	I	Physician 6	estimate of ge	station (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)			
	10/	13/2017			_	8		1 ost te	6	_		
How were the gestat ULTRASOUND	tional age	and post fertilization	on age determine	ed?								
Full name of physics		rming termination										
Address of physician 8645 CONNECTIC	-	-			and zip code)							
		,	,									
**Date Reported	**Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termination LAKE			
l maria di di		ı	D : 2			1							
Patient's age** 25	Mai	rried Yes I No	Date of pregna	ancy termir 12/06/2017		Educa	tion	н		ol Diploma or GE	D		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ☐ White	Black Other		an American		known	■ Not I	/ anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin	ation. If more th	han six (6),	those me	ost recent.)							
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus survivo	ed:					Complic	cation(s) of Pregnanc	y Termination		
		■ None											
Fetus viable?		☐ Hemorrhage ☐ Cervical Laceration											
Yes I		☐ Infection ☐ Retained Products											
									Other (Spec	rify)			
Pathological examin					Juici (Spec	-() ()							
performed?	If yes, results:												
☐ Yes ■ No						Did this termination of pregnancy result in a maternal dea ☐ Yes ■ No							
				гс.	, 🗀 111	<u> </u>							
				Tyma -	of Torres!	nation Drass-1-	rac						
_				1 ype o	л тегти		Procedures						
Procedure that Term	inate	d Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
Medical (Nonsu									Mifepriston				
☐ Medical (Nonsu ☐ Medical (Nonsu		l) Other (Specify)							Aisoprostol Other (Spec				
- W 1: 1/G :	1) (· · · · · · · · · · · · · · · · · · ·					(G :	1) 0	- C "				
☐ Medical (Surgio	al) N	Suction Curettage Menstrual Aspiration							on Curetta strual Aspir				
☐ Medical (Surgio	al) (Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	ver the following que	 stion.		
Was the fetus viable	le or l	nave a post fertilization	age at least 20 y	weeks?		Was the fet	us viahl	e or have	a post fert	tilization age at least	20 weeks?		
	■ N		age at least 20	weeks.			Yes [_	a post tert	inzation age at least	20 Weeks.		
If the previous quest	ion w	as answered yes, compl	ete the followir	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus give	n the	best opportunity to surv	ive?			Was the fet	us giver	the best	opportunit	ty to survive?			
☐ Yes [Yes [_	-FF	.,			
		letermination that the pr								hat the pregnant won			
that required the pr woman?	oced	are to avert death or seri	ious impairmen	t to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	nth or serious impair	nent to the pregnant		
D-4-1 / '				D:		£	•	-1	n c	-4:11:2: 0.1	fature (:		
Date last normal men		oegan 09/15/2017		rnysician	estimate	e of gestation (n weeks	S)	Post fe	rtilization age of the	ietus (<i>in weeks)</i>		
How were the gestat		age and post fertilization	n age determin	ed?					1				
ULTRASOUND													
	-	rforming termination											
DR. MANDY GITTL		orming termination (num	mher and street	t city state	and sin	code)							
	-	TREET, MERRILLVII			, ана хір	coue)							
**Date Reported t	o DO	CS, if Patient under 14	4 (month, day,	year):									

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Facility Name and Addre PLANNED PARENTHOOD OF N MERRILLVILLE, IN, 46410	UT STREET,	City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termination LAKE			
Datient's age**		ata of pragnancy to	nation	Educat	tion					
26	arried Da	ate of pregnancy termin		Educai	non			ol Diploma or GED		
Race American Indian or A Native Hawaiian or C		Asian Black White Other	or African A	american	☐ Unl			nic or Latino Unknown		
Live Births:	Number now living	2			Numb	er now dec	ceased	0		
Other Terminations:	Number of spontaneous te	erminations			Numb	er of induc	ed termin	ations 0		
Dates of terminations (D	l o not include this terminatio	n. If more than six (6),	those most r	ecent.)				0		
1	2	3	4			5		6		
Fetus delivered alive? Yes No	If yes, length of time	fetus survived:						cation(s) of Pregnancy Termination		
						■ No	one	☐ Uterine Perforation		
Fetus viable?	If viable, medical reas	son for termination:				□ Не	emorrhage	Cervical Laceration		
Yes No	ii viable, incurcai reas	on for termination.				☐ Inf	fection	☐ Retained Products		
						□ Oti	her (Speci	ify)		
Pathological examination	ı If yes, results:						(~ <i>p</i>	<i>557</i>		
performed?	, ,									
☐ Yes ■ No		Did this termination of pregnancy result in a mater ☐ Yes ■ No								
		Type o	of Termination	on Procedur	es					
Duo oo dayso that Tamainata	ad Dunamanay	J.F.				that Tama	in atad Dua	2000		
Procedure that Terminate			AC	lditional Pr						
☐ Medical (Nonsurgic☐ Medical (Nonsurgic						rgical) Mi rgical) Mi				
Medical (Nonsurgic				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage		=	Medical	(Surgica	al) Suction	n Curettag			
	Menstrual Aspiration		1 =	Medical	(Surgica	al) Menstr	ual Aspira			
i wedicai (Surgicai)	Other (Specify)		-	☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical) p	rocedures, answer the follow	ring question.	Fo	r Medical (Surgica	ıl) procedu	res, answe	er the following question.		
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age	at least 20 weeks?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ıs viable Yes 🗀		post ferti	lization age at least 20 weeks?		
	was answered yes, complete	the following question	s. If	_		_	swered ye	s, complete the following questions.		
	best opportunity to survive	?	,				pportunity	y to survive?		
☐ Yes ☐ N				_	ζes □	_				
	determination that the pregn dure to avert death or serious							at the pregnant woman had a condition th or serious impairment to the pregnant		
woman?			-	woman?	1			1 1 5		
Date last normal menses	•	Physician	n estimate of	-	n weeks	s)	Post fer	tilization age of the fetus (in weeks)		
	10/11/2017	no dotomo-i 10		8				6		
How were the gestationa ULTRASOUND	l age and post fertilization ag	ge uetermined !								
Full name of physician p	erforming termination									
DR. MANDY GITTLER										
	forming termination (numbe STREET, MERRILLVILLE		, and zip cod	e)						
	,									
*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/21/2017

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Facility Name and Addre PLANNED PARENTHOOD OF M MERRILLVILLE, IN, 46410	ess IERRILLVILLE - 8645 CONNECTIO	CUT STREET,	City or town		ncy termin	County of pregnancy termination LAKE			
	arrica	Date of pregnancy terminates	nation	Educat	ion				
Race American Indian or A Native Hawaiian or C	_	Asian	or African A	American	☐ Unkno	Ethnicit Hisp	Pth, No Diploma y vanic or Latino Hispanic or Latino		
Live Births:	Number now living	1				now deceased	0		
Other Terminations:	Number of spontaneous t	erminations 1			Number	of induced term	inations 1		
Dates of terminations (Do	o not include this termination of the contraction o		those most r	ecent.)					
Fetus delivered alive? Yes No	If yes, length of time	fetus survived:	4			Compli None	cation(s) of Pregnancy Termination Uterine Perforation		
Fetus viable? Yes No	If viable, medical rea	ason for termination:				☐ Hemorrhag ☐ Infection ☐ Other (Spe	☐ Retained Products		
Pathological examination performed? Yes No	If yes, results:	Did this termination of pregnancy result in a maternal death? Yes No							
Type of Termination Procedures									
Procedure that Tormington	ad Pragnanov	Туре				nat Terminated D	tegnancy		
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical)	Suction Curetta Menstrual Aspi Other (Specify)	iration		
For Medical (Surgical) p	rocedures, answer the follo	wing question.	Fo	r Medical (Surgical) j	procedures, ansv	ver the following question.		
Was the fetus viable or ☐ Yes ■ N	have a post fertilization ag	e at least 20 weeks?	V		ıs viable o Yes 🔲 1		tilization age at least 20 weeks?		
	was answered yes, complete	e the following question	is. If	_			res, complete the following questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to survivo	e?	7		is given th	ne best opportuni No	ity to survive?		
	determination that the preg lure to avert death or seriou		gnant t				that the pregnant woman had a condition ath or serious impairment to the pregnant		
Date last normal menses	began	Physician	n estimate of	gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
	10/12/2017			7		1 331 1	5		
How were the gestational ULTRASOUND	l age and post fertilization a	age determined?							
Full name of physician p	erforming termination								
Address of physician per	forming termination (numb		, and zip cod	(e)					
USAS COMMECTICUTS	JINEEI, WENKILLVILL	-, III 704 IU							
**Date Reported to D	CS, if Patient under 14 (month, day, year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/21/2017

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termination LAKE		
l march and a second		-	D · · · ·			T :						
Patient's age** 26	Mar	ried Yes I No	Date of pregnar	ncy termina 2/06/2017	ation	Educa	tion			ollege, No Degree		
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	Black of Other	or Africa	an American		known	■ Not F	anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	1				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 1		
Dates of termination 1. 2017	s (Do	not include this termino 2. 2013			hose mo	ost recent.)		5		6		
Fetus delivered alive		If yes, length of tin	ne fetus survived	d:	Complication(s) of Pregnancy Terminati							
☐ Yes ■ I	No					■ None ☐ Uterine Perforation						
Fetus viable?												
☐ Yes ■ I				_	nfection	_	ned Products					
									Other (Spec	rify)		
Pathological examin performed?	If yes, results:											
☐ Yes ■ No						Did this termination of pregnancy result in a maternal dea						
				☐ Yes	s 🔳 No)						
				Type of	Termir	nation Procedu	res					
Procedure that Term	inated	l Pregnancy				Additional Pr	rocedure	that Ter	minated Pr	regnancy		
☐ Medical (Nonsu	ırgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e		
☐ Medical (Nonsu	ırgica					Medical	(Nonsu	rgical) N	Aisoprostol Other (Speci			
intedical (Nollsu	irgica	i) Other (<i>specify</i>)				Wedicai	(INOIISU	rgicai) C	other (Speci	ijy)		
		uction Curettage							on Curettag			
Medical (Surgio		Ienstrual Aspiration Other (Specify)							strual Aspir r (<i>Specify</i>)	ration		
For Medical (Surgice	al) pr	ocedures, answer the fol	lowing question			For Medical	Surgice	1) proced	hirae anew	er the following que	etion	
	_											
	e or r ■ No	ave a post fertilization	age at least 20 wo	eeks?		_	us viabl	_	a post fert	ilization age at least	20 weeks?	
If the previous quest	ion w	as answered yes, compl	ete the following	g questions.		If the previou	ıs questi	on was a	nswered ye	es, complete the follo	wing questions.	
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?		
What was the basis	s for d	etermination that the pr	egnant woman h	ad a conditi	ion	What was t	he basis	for deter	mination th	hat the pregnant won	nan had a condition	
		ire to avert death or seri				that require				th or serious impairs		
woman !						woman?						
Date last normal men		egan 0/08/2017		Physician e	estimate	of gestation (a	in weeks	i)	Post fer	rtilization age of the	fetus (in weeks)	
How were the gestat		age and post fertilizatio	n age determined	d?		U				· ·		
ULTRASOUND		- ·	<u>.</u>									
Full name of physici DR. MANDY GITTL	-	rforming termination										
	-	orming termination (num		city, state, a	and zip	code)						
8645 CONNECTIC	UF S	TREET, MERRILLVII	LLE, IN 46410									
**Date Reported t	o DC	S, if Patient under 14	4 (month, day, ye	ear):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					town, of pregna	ncy termination	n	County of pregnancy termination LAKE				
	,							·				
Patient's age** 30	Marr	ied □ Yes ■ No	Date of pregnancy term 12/06/20		Educa	tion		ollege, No Degree				
Race American Indian Native Hawaiian			☐ Asian ☐ Blac☐ White ☐ Othe		an American	☐ Unknown		y panic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	3	-		Number now		0				
Other Termination	s:	Number of spontaneou			Number of induced terminations							
Dates of termination	s (Do 1	not include this termina	ation. If more than six (6)), those me	ost recent.)			0				
1		2	3		4	5.		6				
Fetus delivered alive		If yes, length of tin	ne fetus survived:				•	cation(s) of Pregnand	cy Termination			
							None	Uteri	ne Perforation			
Fetus viable?	If viable, medical				Hemorrhag	ge 🗌 Cervi	cal Laceration					
☐ Yes ■					Infection	☐ Retai	ned Products					
							Other (Spe	ecify)				
Pathological examin	ation	If yes, results:										
performed?	No					Did t	nis terminati	ion of pregnancy resu	alt in a maternal death?			
							es 🔳 N		in in a maternar death.			
			Туре	of Termin	nation Procedu	res						
Procedure that Term	inated	Pregnancy			Additional Pr	ocedure that T	erminated P	regnancy				
☐ Medical (Nonsu						(Nonsurgical)						
Medical (Nonsu		Misoprostol Other (Specify)				(Nonsurgical) (Nonsurgical)						
	,	((8)	()	- 357				
Madiaal (Suppl	1) C	-ti Ctt				(C:1) C	-+: C++-					
	cal) M	enstrual Aspiration			☐ Medical	(Surgical) Suc (Surgical) Me	nstrual Aspi	iration				
Medical (Surgio	cal) Ot	her (Specify)			☐ Medical	(Surgical) Otl	ner (<i>Specify</i>))				
For Medical (Surgical	al) pro	cedures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab		we a post fertilization	age at least 20 weeks?			us viable or ha Yes 🔲 No	ve a post fer	tilization age at least	20 weeks?			
If the previous quest	ion wa	s answered yes, compl	ete the following question	ons.	If the previou	s question was	answered y	ves, complete the followers	owing questions.			
	n the b	est opportunity to surv	ive?			us given the be	st opportuni	ity to survive?				
What was the basis	s for de	termination that the pr	egnant woman had a con	ndition	What was t	he basis for de	ermination t	that the pregnant wor	nan had a condition			
that required the pr			ous impairment to the pr		that require			ath or serious impair				
woman?					woman?							
D. I.					6	- 1						
Date last normal me		gan 9/21/2017	Physicia	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the 8	ietus (in weeks)			
_	ional a	ge and post fertilizatio	n age determined?					-				
ULTRASOUND												
P.11	,											
Full name of physici DR. MANDY GITTI		orming termination										
	-	-	mber and street, city, stat	te, and zip	code)							
8645 CONNECTIC	UT ST	REET, MERRILLVII	LLE, IN 46410									
**Date Reported t	n DC	S if Patient under 1	4 (month, day, year):									
-								<u> </u>				
DATE KECEIVE	ւռռյ	ISDH (month, day,	year): 1212 1120 11					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termination LAKE		
Dationt's 44			Date -f		- ati	T 1	atio					
Patient's age** 22	Mai	rried Yes I No	Date of pregn	12/06/2017		Educ	ation			elor's Degree		
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		ıknown	■ Not I	y anic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	0					er now d		0		
Other Termination	s:	Number of spontaneou	is terminations 0				Numb	per of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termina	ų.			ost recent.)						
Fetus delivered alive	.2	If yes, length of tin	3			4		5	Complic	cation(s) of Pregnanc	v Termination	
Yes I		ii yes, iengui oi ui	ine ietus sui vivi	eu.		■ None ☐ Uterine Perforation						
Fetus viable?		If viable, medical	reason for term	nination:		Hemorrhage Cervical Laceration						
☐ Yes ■ No									nfection	☐ Retain	ned Products	
					Other (Spec	cify)						
Pathological examin performed?												
Yes No						Did this termination of pregnancy result in a maternal de						
				☐ Ye								
				Type o	of Termin	nation Procedu	ires					
Procedure that Term	inate	d Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy		
Medical (Nonsu	ırgica	l) Mifepristone							//Iifepriston			
Medical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Spec			
	8	-, (op,),					((~ <i>p</i> = -	957		
<u></u>												
		Suction Curettage Menstrual Aspiration				☐ Medica	l (Surgic l (Surgic	al) Sucti al) Mens	on Curetta strual Aspir	ge ration		
☐ Medical (Surgio									r (Specify)			
For Medical (Surgical	al) pr	ocedures, answer the following	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	ver the following que	stion.	
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fe	tus viabl	le or have	a post fert	tilization age at least	20 weeks?	
☐ Yes [□ N)					Yes [No				
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus given ☐ Yes ☐		best opportunity to surv	vive?				tus giver Yes [_	opportunit	ty to survive?		
				1 1 **	•.•	_	_			1 1		
		letermination that the praire to avert death or seri								hat the pregnant won ath or serious impair		
woman?						woman?						
<u> </u>						<u> </u>						
Date last normal men		•		Physician	estimate	e of gestation (in week.	5)	Post fe	ertilization age of the	fetus (in weeks)	
How were the gestat		age and post fertilization	on age determin	led?		8				6		
ULTRASOUND		C r parameter										
Full name of physici	-	rforming termination										
		orming termination (num	mber and street	t, city, state.	, and zip	code)						
	-	TREET, MERRILLVII			~·r							
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_		

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Facility Name and Addre PLANNED PARENTHOOD OF N MERRILLVILLE, IN, 46410		CTICUT STREET,	City or town,		ncy terminatio	n	County of pregnancy termination LAKE				
Patient's age** Ma	:- d	Date of pregnancy term	nination	Educat	tion						
19 Ma	arried ☐ Yes ■ No	12/06/20		Educa		High Scho	ool Diploma or GE	D			
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blac ■ White ☐ Othe	ck or African Amer	nerican	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	0			Number now	deceased	0				
Other Terminations:	Number of spontaneou	is terminations		Number of induced terminations 0							
Dates of terminations (D	l o not include this termin	ation. If more than six (6), those most rec	cent.)			<u> </u>				
1	2	3	4		5.		6				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination			
						None	☐ Uterir	e Perforation			
Fetus viable?	If viable medical	reason for termination:				Hemorrhag	ge 🗌 Cervi	cal Laceration			
Yes No	in viuole, incurcui	reason for termination.		☐ Infection ☐ Retained Products							
						Other (Spe	cify)				
Pathological examination	n If yes, results:										
performed?											
∐ Yes ■ No				Did this termination of pregnancy result in a maternal dea Yes No							
		Type	e of Termination	Procedu	es						
Procedure that Terminate	ad Pragnessy	- 7 P.			ocedure that T	arminoted D	ragnancy				
	•										
Medical (NonsurgicMedical (Nonsurgic					(Nonsurgical)						
Medical (Nonsurgic				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)	Suction Curettage			Medical	(Surgical) Suc	tion Curetta	nge				
	Menstrual Aspiration			Medical	(Surgical) Me	nstrual Aspi	iration				
iviedicai (Surgicai)	Outer (Specify)			☐ Medical (Surgical) Other (Specify)							
								_			
For Medical (Surgical) p	rocedures, answer the fol	llowing question.	For	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization	age at least 20 weeks?	W		us viable or hav Yes □ No	ve a post fer	tilization age at least	20 weeks?			
				_							
If the previous question v	was answered yes, compl	lete the following question	ons. If th	e previou	s question was	answered y	es, complete the follo	wing questions.			
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv	rive?	W		us given the be Yes No	st opportuni	ty to survive?				
				_	_						
	determination that the pr dure to avert death or seri						that the pregnant won ath or serious impairs				
woman?			wo	oman?							
Date last normal menses	•	Physici	an estimate of ge		n weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestationa	10/09/2017	in age determined?		6			4				
ULTRASOUND	n age and post tertifizatio	m age determined?									
Full name of physician p	Full name of physician performing termination										
DR. MANDY GITTLER	- -										
Address of physician per 8645 CONNECTICUT	-		te, and zip code)	1							
USTO COMMEDITORI	O.IXEET, MENNIELVIII	, +0+10									
**Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410						ancy termination	County of pregnancy termination LAKE				
Γ					· · · · · · · · · · · · · · · · · · ·						
Patient's age** 34	Mar	ried Yes No	Date of pregnar	ncy termination 2/06/2017	Educa			ol Diploma or GED			
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black or Afr ☐ Other	rican American	Unknown	Not H	nic or Latino			
Live Births:		Number now living	1			Number now d		0			
Other Terminations	s:	Number of spontaneous	s terminations 0			Number of ind	uced termina	ations 0			
Dates of terminations	s (Do	not include this termina	tion. If more tha	un six (6), those	most recent.)	l					
1		2	3		4	5	C 1'	6			
Fetus delivered alive		If yes, length of tin	ne fetus surviveo	1:			_	ation(s) of Pregnancy Termination			
					■ None ☐ Uterine Perforation						
Fetus viable?		If viable, medical r	eason for termin	nation:	Hemorrhage Cervical Laceration						
☐ Yes ■ N	No				☐ Infection ☐ Retained Products						
							Other (Speci	fy)			
Pathological examination If yes, results:											
performed?	N.					D:1.11		6 11 10			
Yes I	NO				Did this termination of pregnancy result in a maternal de Yes No						
				Type of Terr	nination Procedu	ıres					
Duo and that Tomas	in a ta d	Ducamanay		71			minated Due	omon ov			
Procedure that Termi		•			1_	rocedure that Ter					
☐ Medical (Nonsu☐ Medical (No						l (Nonsurgical) M l (Nonsurgical) M					
		Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgic	al) S	uction Curettage				l (Surgical) Sucti					
☐ Medical (Surgic ☐ Medical (Surgic		Ienstrual Aspiration				l (Surgical) Mens l (Surgical) Other		ation			
	ui) O	and (specify)			- Wedlean	(Surgicur) Sure	Соресдуу				
Eor Medical (Surgica	1) pro	ocedures, answer the foll	lowing question		For Medical	For Medical (Surgical) procedures, answer the following question.					
` ` `	, 1	•	<i>U</i> 1			· · · · · · · · · · · · · · · · · · ·		<i>5</i> 1			
Was the fetus viable Yes		ave a post fertilization a	ige at least 20 w	eeks?		tus viable or have Yes No	a post fertil	lization age at least 20 weeks?			
If the previous questi	on w	as answered yes, comple	ete the following	g questions.	If the previous	us question was a	nswered yes	s, complete the following questions.			
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?			tus given the best Yes \(\sime\) No	opportunity	to survive?			
		etermination that the pro	agnant woman h	ad a condition		_	mination the	at the pregnant woman had a condition			
that required the pr		re to avert death or serio			that require			h or serious impairment to the pregnant			
woman?					woman?						
L					<u> </u>						
Date last normal men		-		Physician estim	ate of gestation (in weeks)	Post fert	tilization age of the fetus (in weeks)			
How were the gestati		0/16/2017 age and post fertilization	age determine	19	6			4			
ULTRASOUND	onar	age and post retuinzation	. ugo doteriiiiitet								
L											
Full name of physicia		forming termination									
Address of physician	perfo	orming termination (nun		city, state, and z	ip code)						
0040 CUNNECTICE	או א	TREET, MERRILLVIL	.∟⊏, IN 46410								
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410	ess MERRI	LLVILLE - 8645 CONNEC	TICUT STREET,	City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termination LAKE		
Datient's age**		. 	Data of processes	tarmination	Educa	tion					
40	arrie	d Yes No	Date of pregnancy		Educa	tion	Hi	igh Schoo	ol Diploma or GED		
Race American Indian or A Native Hawaiian or C			= =	Black or Afri Other	can American	☐ Ur	nknown	Hispa	nnic or Latino Hispanic or Latino Unknown		
Live Births:	Νι	ımber now living	4			Numl	ber now de	eceased	0		
Other Terminations:	Νι	ımber of spontaneou	s terminations			Numl	ber of indu	iced termin	nations 2		
Dates of terminations (D		t include this termina 2012	ttion. If more than si		nost recent.)		5		-		
Fetus delivered alive?		If yes, length of tir			*-			Complic	ration(s) of Pregnancy Termination		
☐ Yes ■ No					■ None ☐ Uterine I						
					☐ Hemorrhage ☐ Cervical Lacerati						
Fetus viable? Yes No		If viable, medical i	eason for terminatio	n:	: Retained Products						
L les L No											
B 4 1 1 1 1 1 1 1		TC 1:					0	Other (Spec	ify)		
Pathological examination performed?	n	If yes, results:									
☐ Yes ■ No							on of pregnancy result in a maternal death?				
							Yes	■ No)		
			7	Type of Term	ination Procedu	res					
Procedure that Terminate	ed Pr	egnancy			Additional Pr		e that Terr	ninated Pr	egnancy		
		•			1_						
☐ Medical (Nonsurgion Medical (Nonsurgion)	cal) I	Misoprostol			☐ Medical	(Nonsu	ırgical) M	Iifepristone Iisoprostol			
☐ Medical (Nonsurgio	cal) (Other (Specify)			☐ Medical	(Nonsu	argical) O	ther (Speci	ify)		
Medical (Surgical)								on Curettag			
☐ Medical (Surgical) ☐ Medical (Surgical)							cal) Mensical) Other	trual Aspir (Specify)	ration		
For Medical (Surgical) p	oroce	dures, answer the fol	lowing question.		For Medical	Surgic	al) procedi	ures, answ	er the following question.		
Was the fetus viable or ☐ Yes ■ N		e a post fertilization a	age at least 20 weeks	s?		us viab Yes [a post ferti	ilization age at least 20 weeks?		
If the previous question		answered yes, comple	ete the following que	estions.				nswered ye	es, complete the following questions.		
Was the fetus given the		t opportunity to survi	ve?					opportunit	y to survive?		
☐ Yes ☐ N						Yes [
What was the basis for that required the proce									nat the pregnant woman had a condition th or serious impairment to the pregnant		
woman?			1	1 0	woman?	•			1 1 0		
			1		1			1 -			
Date last normal menses	_	nn KNOWN	Phy	sician estima	te of gestation (i	n week	s)	Post fer	rtilization age of the fetus (in weeks) 7		
How were the gestationa			n age determined?						·		
ULTRASOUND											
-											
Full name of physician p DR. MANDY GITTLER	rming termination										
Address of physician per		-		state, and zi	p code)						
8645 CONNECTICUT	oik _	ECI, WEKKILLVIL	LC, IN 4041U								
**Date Reported to DCS, if Patient under 14 (month, day, year):								-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/21/2017

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	TICUT STREET,		City or to	own, of pregna				County of preg	nancy termin LAKE	nation
Patient's age** 16	Marrie [d ☐ Yes ■ No	Date of pregna	ancy termi 2/06/201		Educa	tion			n, No Diploma	1	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		n American	☐ Uni			nic or Latino ispanic or Latino	o 🔲 t	Unknown
Live Births:	N	umber now living	0				Numb	er now decea	ased	0		
Other Termination	s: N	umber of spontaneou					Numb	er of induced	d termin	-		
Dates of termination	s (Do no	t include this termin	ation. If more th	an six (6),	, those mos	st recent.)		5		6		
Fetus delivered alive		If yes, length of tin	ne fetus survive	ed:				C	Complica	tion(s) of Pregn	ancy Termin	ation
	110				■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical				☐ Hem	norrhage	☐ Ce	ervical Lacer	ation		
☐ Yes ■ I	No					☐ Infection ☐ Retained Products						
				Othe	er (Speci	fy)						
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No				Did this termination of pregnancy result in a maternal Yes No							
								1				
				Туре	of Termin	ation Procedur	res					
Procedure that Term	inated Pr	regnancy				Additional Pr	ocedure	that Termin	nated Pre	gnancy		
☐ Medical (Nonsu ☐ Medical (Nonsu	rgical)	Misoprostol						rgical) Mife				
☐ Medical (Nonsu	ırgical) (Other (Specify)				☐ Medical	(Nonsu	rgical) Other	r (Specif	fy)		
	cal) Men	strual Aspiration				Medical	(Surgica	al) Suction (al) Menstrua	al Aspira			
☐ Medical (Surgio	cal) Othe	er (Specify)				☐ Medical	(Surgica	al) Other (S _I	pecify)			
For Medical (Surgical	al) proce	dures, answer the fol	lowing question			For Medical (Surgica	ıl) procedure	s answe	er the following	auestion	
	_	e a post fertilization					_	_		lization age at le		s?
☐ Yes [_	Yes □	-				
If the previous quest				ig questior	is.	•	•		•	s, complete the f	following que	estions.
Was the letus given ☐ Yes [t opportunity to surv	ive?				res [the best opp No	portunity	to survive?		
		rmination that the pr to avert death or seri								at the pregnant v h or serious imp		
woman?			1	1		woman?	1			1		1 0
Date last normal men	neae hag	an .		Dhysicia	n actimata	of gestation (i	n waaks	,1	Doct fort	tilization age of	the fetue (in	wooks)
Date last normal men	_	KNOWN		Tilysiciai	ii estimate	8	п шеекз		1 OSt Terr	imzation age of	6	weeks)
How were the gestat ULTRASOUND	ional age	e and post fertilization	n age determine	ed?								
Full name of physici DR. MANDY GITTI												
Address of physician		ning termination (num	nber and street,	, city, state	e, and zip o	code)						
8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410												
**Date Reported t												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/21/2017

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to the match of the first time to the match of the first time (of tage of the termination).

Facility Name and Ad- PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410		RILLVILLE - 8645 CONNEC	TICUT STREET,		City or to	own, of pregna	•			County of pregna	ncy termination		
Patient's age**	M	T	Date of pregn	nancy termin	nation	Educa	tion						
19	Marr	Yes No		12/06/2017		Educa	tion	н	igh Scho	ol Diploma or GI	ĒD		
Race American Indian of Native Hawaiian of			Asian White	■ Black o	or Africa	n American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:]	Number now living	1				Numb	er now d	eceased	0			
Other Terminations:]	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 3			
Dates of terminations	(Do r				those mo	st recent.)							
L. 2014		2. 2015	3. <u>2017</u>		4	L		5	Complic	cation(s) of Pregnan	cy Termination		
Fetus delivered alive? Yes No	0	If yes, length of tin	ne tetus surviv	ea:					•	_			
						■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical r	eason for term	nination:				_ I	Hemorrhag	e ∐ Cerv	ical Laceration		
☐ Yes ■ No	0							☐ I	nfection	☐ Reta	ined Products		
									Other (Spec	cify)			
Pathological examinat performed?	ion	If yes, results:											
Yes N	О										ult in a maternal death?		
								☐ Yes	s 🔳 No	0			
				TD.	· ·								
		_		Type o	n rermin	ation Procedu							
Procedure that Termin	ated	Pregnancy				Additional Pr	rocedure	that Ter	minated Pr	regnancy			
Medical (NonsurgMedical (Nonsurg									Aifepriston Aisoprostol				
Medical (Nonsurg									ther (Spec				
Medical (Surgical									on Curetta				
☐ Medical (Surgical ☐ Medical (Surgical		enstrual Aspiration her (Specify)							strual Aspir r (<i>Specif</i> y)	ration			
_													
For Medical (Surgical)) proc	redures answer the following	lowing questio	on.		For Medical	Surgica	al) proced	hirec ancia	er the following qu	estion		
	_												
Was the fetus viable ☐ Yes ☐		ive a post fertilization a	ige at least 20	weeks?			us viabi Yes [a post tert	tilization age at leas	t 20 weeks?		
If the previous questio	n wa	s answered yes, comple	ete the following	ng questions	s.	If the previou	ıs questi	on was a	nswered ye	es, complete the fol	lowing questions.		
Was the fetus given	the b	est opportunity to survi	ve?			Was the fet	us given	the best	opportunit	ty to survive?			
☐ Yes ☐							Yes [TT	,			
		termination that the pro									man had a condition		
woman?	cedur	e to avert death or serie	ous impairmen	nt to the preg	gnant	woman?	d the pro	ocedure t	o avert dea	ith or serious impai	rment to the pregnant		
Date last normal mens	es be	gan		Physician	estimate	of gestation (in weeks	i)	Post fe	rtilization age of the	e fetus (in weeks)		
How were thet-		NKNOWN	a nga data'	had?		9				7			
How were the gestatio ULTRASOUND	niai â	ge and post termization	ı age uetermin	icu :									
Full name of physician DR. MANDY GITTLE													
Address of physician p		-			and zip	code)							
8645 CONNECTICU													
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/30/2017

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MER	RILLVILLE - 8645 CONNEC	CTICUT STREET,		City or to	own, of pregna			Co	, , ,	ncy termination LAKE		
Patient's age** 26	Marri	ed □ Yes ■ No	Date of pregna	ancy termi 2/06/201		Educa	tion			ge, No Degree)		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		n American	☐ Uni	□ I		or Latino anic or Latino	☐ Unknown		
Live Births:	1	Number now living	0				Numb	er now decease	d	0			
Other Termination	s: N	Number of spontaneou					Numb	er of induced to	erminatio				
Dates of termination 1. 2007	s (Do n	ot include this termin	ation. If more th	an six (6)	, those mo	st recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Con	nplicatio	on(s) of Pregnan	cy Termination		
☐ Yes ■ I	NO							None		☐ Uter	ine Perforation		
Fetus viable?		If viable, medical	reason for termi	nation:				☐ Hemor	rhage	☐ Cerv	ical Laceration		
☐ Yes ■ I	No					☐ Infection ☐ Retained Products							
	70				Other (Specify)							
Pathological examin performed?		If yes, results:											
☐ Yes ■	No								nation of No	f pregnancy res	ult in a maternal death?		
				Туре	of Termin	ation Procedur	es						
Procedure that Term	inated l	Pregnancy				Additional Pr	ocedure	that Terminate	ed Pregna	ancy			
Medical (NonsuMedical (NonsuMedical (Nonsu	ırgical)					Medical	(Nonsu	rgical) Mifepri rgical) Misopro rgical) Other (A	ostol				
Medical (Surgio	cal) Me	enstrual Aspiration				 Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) 							
For Medical (Surgical	al) proc	edures, answer the fo	llowing question	n.		For Medical (Surgica	al) procedures, a	nswer th	ne following qu	estion.		
	le or ha	ve a post fertilization				Was the fett	_	e or have a pos		ation age at leas			
If the previous quest	ion was	s answered yes, compl	lete the followin	g question	ns.	If the previou	s questi	on was answere	ed yes, c	omplete the foll	lowing questions.		
Was the fetus given ☐ Yes [est opportunity to surv	rive?				us given Yes [the best oppor	tunity to	survive?			
		termination that the preent death or seri									man had a condition rment to the pregnant		
Date last normal men		gan 0/27/2017		Physicia	n estimate	of gestation (i	n weeks	Po Po	st fertiliz	zation age of the	e fetus (in weeks)		
How were the gestat ULTRASOUND		ge and post fertilization	on age determine	ed?									
OLIKASOUND													
Full name of physici DR. MANDY GITTL													
	_	ming termination (num			e, and zip o	code)							
, , , ,													
**Date Reported t	s, if Patient under 1												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/21/2017

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,	(City or town, o		ncy termin		County of pregnancy termination LAKE		
Patient's age** 24	Marrie [d Yes • No	Date of pregna	ancy termina 12/06/2017		Educat	tion		ool Diploma or GED		
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black o	or African Am	nerican	Unkno		y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living	1					now deceased	0		
Other Termination	ns: Ni	umber of spontaneou					Number	of induced termi	-		
Dates of termination		t include this termin	ation. If more th	han six (6), t	those most rec	ent.)			-		
Fetus delivered alive	2.	If yes, length of ti	me fetus survive	ed·	4			5	cation(s) of Pregnancy Termination		
Yes •		ii yes, lengai or a	ine retus sur vive	cu.				■ None	☐ Uterine Perforation		
					Hemorrhage Cervical Lacera						
Fetus viable? Yes	No	If viable, medical	reason for termi	ination:	☐ Infection ☐ Retained Products						
	110				☐ Other (Specify)						
Pathological examin	If yes, results:			Uther (Specify)							
performed?	ii yes, resures.			District to the Control of the Contr							
☐ Yes ■					Did this termination of pregnancy result in a materna ☐ Yes ■ No						
			Type of	f Termination	Procedur	res					
Procedure that Term	ninated Pr	regnancy			Add	itional Pr	ocedure th	at Terminated Pr	regnancy		
Medical (Nonst								cal) Mifepriston			
Medical (Nonsu Medical (Nonsu								cal) Misoprosto cal) Other (Spec			
Medical (Surgio	cal) Suct	ion Curettage			— _	Medical	(Surgical)	Suction Curetta	ge		
	cal) Men	strual Aspiration				Medical	(Surgical)	Menstrual Aspi Other (Specify)	ration		
Wiedlear (Surgi	cui) Oui	л (Бресіду)				Medicai	(Surgicur)	Outer (Speergy)			
Ear Madical (Surgic	ol) mm oo	dumas, amazzian tha fa	llovina guartia			Madical ((Cumpinal)	muo o o di suo o o marv	you the fellowing greation		
For Medical (Surgic	_								ver the following question.		
Was the fetus viab		e a post fertilization	age at least 20 v	weeks?	Wa		Yes I		tilization age at least 20 weeks?		
If the previous quest	tion was	answered yes, comp	lete the followin	ng questions	If the	e previou	s question	was answered ye	es, complete the following questions.		
Was the fetus give ☐ Yes [t opportunity to surv	vive?		Wa		us given th Yes 🔲 1	ie best opportuni No	ty to survive?		
		rmination that the pr							hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	rocedure	to avert death or ser	ious impairmen	it to the preg	•	man?	u me proce	edure to avert dea	am or serious impairment to the pregnant		
Date last normal me	_			Physician	estimate of ge		n weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat		04/2017 e and post fertilization	on age determine	ed?		8			6		
ULTRASOUND											
Full name of physician performing termination DR. MANDY GITTLER											
Address of physician performing termination (number and street, city, state, and a 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410					and zip code)						
, , ,											
**Date Reported to DCS, if Patient under 14 (month, day, year):									_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,		City or to	wn, of pregna MERRI				County of pregnan	cy termination AKE
				•							
Patient's age** 30	Marrie	d Yes • No	Date of pregn	nancy terminancy 12/06/201		Educa	tion		9th-12t	th, No Diploma	
Race American Indian Native Hawaiian Live Births:	or Other		Asian White	☐ Black		n American		known er now d	Not H	nic or Latino Iispanic or Latino	☐ Unknown
Other Termination	n N	umber of spontaneo	us terminations				Numb	er of ind	uced termir	0 nations	
Dates of termination		ot include this termin	1 nation If more t	han sir (6)	those mos	st recent)				2	
1. 2013		2005	3. 2015		4.			5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	ation(s) of Pregnand	ey Termination
☐ Yes ■	No				■ None ☐ Uterine P						ne Perforation
Fetus viable?		TC : 11 1: 1	· ·	•				□ I	Hemorrhage	e 🔲 Cervi	cal Laceration
Yes Tells Viable?	No	If viable, medical	reason for term	iination:				□ I	Infection	☐ Retai	ned Products
								П	Other (Spec	ify)	
Pathological examin	ation	If yes, results:						_	- · · · · · · · · · · · · · · · · · · ·	337	
performed?								=			
☐ Yes ■	NO							Did this			Ilt in a maternal death?
				Туре	of Termina	ation Procedu	res				
Procedure that Term	inated P	regnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy	
☐ Medical (Nonsu	iroical)	Mifenristone				☐ Medical	(Nonsu	roical) N	//////////////////////////////////////		
☐ Medical (Nonsu	irgical)	Misoprostol				■ Medical	(Nonsu	rgical) N	Misoprostol		
☐ Medical (Nonsu	irgicai)	Other (<i>Specify</i>)				Medicai	(Nonsu	rgicai) C	Other (Speci	(לא)	
Medical (Surgion Medica		tion Curettage nstrual Aspiration							ion Curettag strual Aspir		
Medical (Surgio									r (Specify)		
For Medical (Surgic	al) proce	edures, answer the fo	ollowing questic	on.		For Medical (Surgica	ıl) proced	dures, answ	er the following que	estion.
		e a post fertilization	age at least 20	weeks?					a post fert	ilization age at least	20 weeks?
Yes [If the previous quest	_	answered ves comp	lete the follows	na auestion	ne.	_	Yes [_	newarad va	es, complete the follo	owing questions
		st opportunity to surv		ng question	13.	-	•		•	y to survive?	Swing questions.
☐ Yes [sFF					Yes [· · · · · · · · · · · · · · · · · · ·	,	
		ermination that the p to avert death or ser									man had a condition ment to the pregnant
woman?	occuare	to avert death of ser		it to the pre	Simil	woman?	a are pr	occurre .	io avert dea	or serious impun	ment to the pregnant
Date last normal me	nses beg	an		Physician	n estimate	of gestation (i	n weeks	s)	Post fer	rtilization age of the	fetus (in weeks)
TT d		26/2017	1	10		12				10	
How were the gestat ULTRASOUND	nonai age	e and post remnzano	on age determin	eu:							
Full name of physici		rming termination									
DR. MANDY GITTI		ain a taui	b	4 044	J . ·	(a.d.a)					
Address of physician 8645 CONNECTIC	-	-			, ana zip c	vae)					
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410		RILLVILLE - 8645 CONNEC	TICUT STREET,		City or to	own, of pregna	ncy term			County of pregna	ncy termination		
Patient's age**	Marr	ied	Date of pregn	nancy termina	ation	Educa	tion						
29	IVI al I	Yes No		12/06/2017						elor's Degree			
Race American Indian of Native Hawaiian of	r Oth	er Pacific Islander [Asian White	Black of Other	or Africa	n American	☐ Unk		Not H	nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:]	Number now living	1				Numbe	er now d	eceased	0			
Other Terminations:]	Number of spontaneou	s terminations 0				Numbe	er of indu	iced termii	nations 3			
Dates of terminations ((Do r	oot include this termina 2. UNKNOWN	ition. If more to		those mos	st recent.)		5		6			
Fetus delivered alive?		If yes, length of tin			4.				Complic	ation(s) of Pregnan	acy Termination		
☐ Yes ■ No	0				■ None ☐ Uterine Perf						ine Perforation		
F. 11.9		TC : 11 1: 1	<u> </u>	• .•		— ☐ Hemorrhage ☐ Cervical Lacerati							
Fetus viable? ☐ Yes ■ No	O	If viable, medical r	eason for term	iination:				☐ I	nfection	☐ Reta	ined Products		
									Other (Spec	ify)			
Pathological examinat	ion	If yes, results:											
performed? ☐ Yes ■ No	o							Did this	terminatio	on of pregnancy res	ult in a maternal death?		
							☐ Yes						
				Type of		ation Procedur							
Procedure that Termin	ated	Pregnancy				Additional Pr	ocedure	that Teri	minated Pr	egnancy			
☐ Medical (Nonsurg									lifepristone lisoprostol				
Medical (Nonsurg									ther (Speci				
Medical (Surgical		ction Curettage enstrual Aspiration							on Curettag				
Medical (Surgical									(Specify)	ation			
For Medical (Surgical)) prod	cedures, answer the fol	lowing questio	on.		For Medical (Surgical) proced	ures, answ	er the following qu	estion.		
		we a post fertilization a	age at least 20	weeks?					a post fert	ilization age at leas	t 20 weeks?		
☐ Yes ■						_	Yes						
If the previous questio				ng questions	3.	•	•		•	es, complete the fol	lowing questions.		
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ive?				us given Yes 🔲		opportunit	y to survive?			
		termination that the pro				What was th	ne basis f	for deter	mination th	nat the pregnant wo	oman had a condition		
that required the proc woman?	cedur	re to avert death or serie	ous impairmen	nt to the preg	gnant	that required woman?	d the pro	cedure t	o avert dea	th or serious impai	rment to the pregnant		
Date last normal mens	es be	gan		Physician	estimate	of gestation (i	n weeks)	ı	Post fer	rtilization age of th	e fetus (in weeks)		
How were the gestatio		NKNOWN	n age determin	ed?		8				6			
ULTRASOUND	mai d	go ana post tertifizatioi	ii age uetermin	icu:									
Full name of physician DR. MANDY GITTLE													
Address of physician p		rming termination (nun	nber and street	t, city, state,	and zip c	code)							
8645 CONNECTICU	T ST	REET, MERRILLVIL	LE, IN 46410	0									
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/21/2017

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Facility Name and Addr PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410	ress Merrillville - 8645 Connec	CTICUT STREET,	City or town, of	pregnanc	•		County of pregnand	ey termination AKE			
Patient's age** M	, , ,	Date of pregnancy term	ination	Education	on.						
30	Iarried ☐ Yes ■ No	12/06/20		Educatio		Some Co	llege, No Degree				
Race American Indian or D Native Hawaiian or C		☐ Asian ☐ Blac ■ White ☐ Other	k or African Ame	_	Unknown		nic or Latino lispanic or Latino	☐ Unknown			
Live Births:	Number now living	1		1	Number now de	eceased	0				
Other Terminations:	Number of spontaneou	is terminations 0		1	Number of indu	ced termin	ations 2				
Dates of terminations (L. UNKNOWN	Do not include this termin), those most recei	nt.)							
Fetus delivered alive?	If yes, length of tin	me fetus survived:	4		5	Complica	ation(s) of Pregnanc	y Termination			
☐ Yes ■ No	3 44, 4 3			■ None ☐ Uterine Perf							
					_ п	lemorrhage	— □ Cervi	cal Laceration			
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for termination:				nfection		ned Products			
les e No							_	led Floducts			
Doth alonical avamination	in If was magnitude					ther (Spec	ify)				
Pathological examination performed?	on If yes, results:										
☐ Yes ■ No					Did this Yes			t in a maternal death?			
		Туре	of Termination P	rocedures							
Procedure that Terminat	ted Pregnancy				cedure that Terr	ninated Pro	egnancy				
Medical (Nonsurgion					Nonsurgical) M						
 Medical (Nonsurgion 	cal) Misoprostol		□ M	Aedical (N	Nonsurgical) M	isoprostol					
Medical (Nonsurgio	cal) Other (Specify)			/ledical (N	Nonsurgical) O	tner (<i>Spec</i> į	TY)				
☐ Medical (Surgical) ☐ Medical (Surgical)	Suction Curettage Menstrual Aspiration				Surgical) Suction Surgical) Mensi						
Medical (Surgical)					Surgical) Other		ation				
For Medical (Surgical) p	procedures, answer the fo	llowing question.	For M	ledical (St	urgical) proced	ures, answe	er the following ques	stion.			
Was the fetus viable of	r have a post fertilization	age at least 20 weeks?	Was	the fetus	viable or have	a post ferti	lization age at least	20 weeks?			
☐ Yes ☐ 1	No			☐ Ye	s 🗌 No						
If the previous question	was answered yes, compl	lete the following question	ns. If the	previous o	question was ar	iswered ye	s, complete the follo	wing questions.			
Was the fetus given th ☐ Yes ☐ I	e best opportunity to surv	rive?	Was		given the best	opportunit	y to survive?				
	r determination that the pr	rognant woman had a gor	dition Who	_	_	mination th	at the pregnant won	oon had a condition			
that required the proce	edure to avert death or seri		regnant that	required t			th or serious impairs				
woman?			wom	nan?							
Data last 1	hagan	Di · ·	m actint- C	tatio - (······································	D C	tilianting Cd	fotna (in constant			
Date last normal menses	s began 10/14/2017	Physicia	an estimate of gest		weeks)	Post fer	tilization age of the 5	icius (<i>in weeks)</i>			
=	al age and post fertilization	n age determined?									
ULTRASOUND											
Full name of physician	performing termination										
DR. MANDY GITTLER											
	erforming termination (num		e, and zip code)								
0043 CONNECTION	JINEE1, WERRILLVII	LLE, IN 404 IV									
**Date Reported to D	DCS, if Patient under 1	4 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PLANNED PARENTHOOD OF M MERRILLVILLE, IN, 46410	SS ERRILLVILLE - 8645 CONNECT	TICUT STREET,	City or tow	n, of pregna	•			County of pregnancy termination LAKE	
Patient's age** Ma	urried	Date of pregnancy termi	ination	Educat	tion				
31	Yes No	12/06/201					h Schoo Ethnicity	l Diploma or GED	
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	Asian Black White Other	k or African . r	American	Unk	known [☐ Hispan ■ Not Hi	nic or Latino Unknown	
Live Births:	Number now living	2				er now dece		0	
Other Terminations:	Number of spontaneous	2			Numbe	er of induce	ed termina	ations 1	
Dates of terminations (De	o not include this terminat	tion. If more than six (6)), those most 4	recent.)		5		6	
Fetus delivered alive?	If yes, length of tim	ne fetus survived:				(Complica	tion(s) of Pregnancy Termination	
☐ Yes ■ No						■ Nor	ne	☐ Uterine Perforation	
Fetus viable?	If viable, medical re	eason for termination:	☐ Hemorrhage ☐ Cervical Lacer						
Yes No	ii viaote, medicai re	cuson for termination.	☐ Infection ☐ Retained Products						
			☐ Other (Specify)						
Pathological examination performed?	If yes, results:								
Yes No						Did this te	ermination No	n of pregnancy result in a maternal death?	
		Туре	of Terminati	ion Procedur	es				
Procedure that Terminate	ed Pregnancy		A	dditional Pr	ocedure	that Termin	nated Pre	gnancy	
Medical (Nonsurgical			[gical) Mife			
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medic						gical) Miso gical) Other		ŷ)	
Medical (Surgical) 3						al) Suction			
☐ Medical (Surgical) ☐ Medical (Surgical) ☐	Menstrual Aspiration Other (Specify)					al) Menstru al) Other (S		ation	
For Medical (Surgical) pr	rocedures, answer the follo	owing question.		or Medical (Surgical	l) procedure	es, answe	r the following question.	
	have a post fertilization a			Was the fetu	ıs viable	or have a	post fertil	lization age at least 20 weeks?	
☐ Yes ■ N					es 🗌		•	Ü	
If the previous question v	vas answered yes, comple	te the following question	ns. If	the previou	s questio	on was ansv	wered yes	s, complete the following questions.	
Was the fetus given the Yes N	best opportunity to survivo	ve?		Was the fett	ıs given ∕es □		portunity	to survive?	
	determination that the pre lure to avert death or serio							at the pregnant woman had a condition h or serious impairment to the pregnant	
woman?	dure to avert death of serio	ous impairment to the pro	-	woman?	i the pro	ecdure to a	ivert dean	n or serious impairment to the pregnant	
		· · · · · · · · · · · · · · · · · · ·							
Date last normal menses	began 10/24/2017	Physicia	n estimate of	f gestation (i	n weeks))	Post fert	cilization age of the fetus (in weeks) 4	
How were the gestational		age determined?							
ULTRASOUND									
Full name of physician po	erforming termination								
DR. MANDY GITTLER									
Address of physician peri	forming termination (num STREET, MERRILLVIL		e, and zip cod	de)					
**Date Reported to Do	*Date Reported to DCS, if Patient under 14 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERF	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or	town, of pregna	ncy terminatio	n	County of pregnancy termination LAKE		
Patient's age** 18	Marrie [ed Yes No	Date of pregnancy ter 12/06/2		Educat	tion		ollege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ■ Bl		can American	☐ Unknown	Ethnicit	y anic or Latino Hispanic or Latino		
Live Births:		Tumber now living	0			Number now		0		
Other Termination	15.	fumber of spontaneou	0			Number of in	nduced termi	inations 0		
Dates of termination			ation. If more than six			5.		6.		
Fetus delivered alive	e?	If yes, length of ti						cation(s) of Pregnancy Termination		
☐ Yes ■	No					■	None	☐ Uterine Perforation		
Fetus viable?		If viable, medical	reason for termination:	:			Hemorrhag	ge Cervical Laceration		
☐ Yes ■	No						Infection	☐ Retained Products		
Deth de sie de service		If		Other (Specify)						
Pathological examin performed?		If yes, results:								
☐ Yes ■	No					Did t		on of pregnancy result in a maternal death?		
			Ту	pe of Termi	ination Procedur	res				
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that T	erminated P	regnancy		
Medical (Nonsu Medical (Nonsu	urgical)	Misoprostol			☐ Medical ☐ Medical	(Nonsurgical) (Nonsurgical)	Mifepristor Misoprosto	ne 1		
Medical (Nonsu	urgical)	Other (Specify)		Medical (Nonsurgical) Other (Specify)						
	cal) Mei	nstrual Aspiration				(Surgical) Su (Surgical) Me	enstrual Aspi	iration		
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Oth	ner (<i>Specify)</i>			
For Medical (Surgic	al) proce	edures, answer the fo	llowing question		For Medical (Surgical) proc	edures ansv	ver the following question.		
			age at least 20 weeks?					tilization age at least 20 weeks?		
	■ No	F	-8		_ Y	Yes No	•	•		
			ete the following ques	tions.				es, complete the following questions.		
Was the fetus give ☐ Yes [st opportunity to surv	ive?			us given the be Yes \text{No}	est opportuni	ty to survive?		
			regnant woman had a c					that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	rocedure	to avert death of ser	tous impairment to the	pregnant	woman?	a the procedur	e to avert de	aui of serious impairment to the pregnant		
			г		1		Ι -			
Date last normal me	_	gan /29/2017	Physi	cian estimat	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 8		
How were the gestat	tional ag	e and post fertilization	n age determined?				•			
CETRACOCKE										
Full name of physici	orming termination									
Address of physician	mber and street, city, s	tate, and zip	o code)							
8645 CONNECTIC	LLE, IN 46410									
**Date Reported t	to DCS	, if Patient under 1	4 (month, day, year): _					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNE	CTICUT STREET,	(City or town, o		ncy termina LLVILLE	ation	County of pro	egnancy termination LAKE
Patient's age** 28	Marrie [d ☐ Yes ■ No	Date of pregna	ancy termina 12/06/2017	ation	Educat	tion		ollege, No De	egree
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or African Am	nerican	☐ Unkno		/ anic or Latino Hispanic or Lat	ino 🔲 Unknown
Live Births:	N	umber now living	1				Number n	now deceased	0	
Other Termination	s: N	umber of spontaneou	us terminations				Number o	of induced termi	nations 3	
Dates of termination			ation. If more th		hose most rec	ent.)				
Fetus delivered alive		If yes, length of ti			4			5	cation(s) of Pre	gnancy Termination
☐ Yes ■		<i>y</i> , <i>g</i>						■ None		Uterine Perforation
					☐ Hemorrhage ☐ Cervical Lacera					
Fetus viable? Yes	No	If viable, medical	reason for term	ination:	n: Infection Retained Products					
								Other (Spec	cify)	
Pathological examin	If yes, results:									
performed?			Did this termination of pregnancy result in a materna							
						Yes No				
				Type of	Termination	Procedur	es			
Procedure that Term	inated Pr	regnancy			Add	itional Pr	ocedure tha	at Terminated Pr	regnancy	
Medical (NonsuMedical (Nonsu								al) Mifepriston		
Medical (Nonsu								al) Other (Spec		
Medical (Surgio		tion Curettage astrual Aspiration						Suction Curetta Menstrual Aspi		
Medical (Surgio								Other (Specify)		
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	on.	For 1	Medical (Surgical) p	rocedures, answ	er the following	ng question.
Was the fetus viab ☐ Yes [e a post fertilization	age at least 20 v	weeks?	Wa		ıs viable or ∕es □ N		tilization age at	t least 20 weeks?
If the previous quest	ion was	answered yes, comp	lete the followir	ng questions.	. If the	e previou	s question v	was answered ye	es, complete th	e following questions.
Was the fetus give ☐ Yes [t opportunity to surv	vive?		Wa		us given the	e best opportunit No	ty to survive?	
		ermination that the p								nt woman had a condition
woman?	rocedure	to avert death or ser	ious impairmen	it to the pregi		it required man?	the procec	dure to avert dea	ith or serious ii	mpairment to the pregnant
Date last normal me	_			Physician 6	estimate of ge		n weeks)	Post fe	rtilization age	of the fetus (in weeks)
How were the gestat		KNOWN e and post fertilization	on age determin	ed?		8				6
ULTRASOUND										
P.11										
Full name of physician performing termination DR. MANDY GITTLER										
Address of physician performing termination (number and street, city, state, and 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410					and zip code)					
**Date Reported to DCS, if Patient under 14 (month, day, year):									_	

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or to	wn, of pregna MERRI			County of pro	egnancy term LAKE	ination
						•					
Patient's age** 20	Marrie [d Yes • No	Date of pregna	ancy termi 2/06/201		Educa	tion		ool Diploma o	or GED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		n American	☐ Un		ty panic or Latino Hispanic or Lat	ino 🗆	Unknown
Live Births:	N	umber now living	1				Numb	er now deceased	0		
Other Termination	s: N	umber of spontaneou					Numb	per of induced term			
Dates of termination	s (Do no	t include this termin	ation. If more th	an six (6)	, those mos	st recent.)		5	6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Compl	ication(s) of Pre	gnancy Term	ination
	110				■ None ☐ Uterine Perforation						
Fetus viable?	•							☐ Hemorrha	ge 🗌	Cervical Lac	eration
☐ Yes ■	No					☐ Infection ☐ Retained Products					
					Other (Spe	ecify)					
Pathological examin performed?	If yes, results:										
☐ Yes ■	No							Did this terminat ☐ Yes ☐ 1		y result in a r	naternal death?
				Туре	of Termina	ation Procedur	res				
Procedure that Term	inated Pr	regnancy				Additional Pr	ocedure	e that Terminated I	Pregnancy		
Medical (NonsuMedical (Nonsu	rgical)	Misoprostol				■ Medical	(Nonsu	rgical) Mifepristo rgical) Misoprost	ol		
Medical (Nonsu	ırgical) (Other (Specify)				☐ Medical	(Nonsu	rgical) Other (Spe	ecify)		
		 									
☐ Medical (Surgion Med	cal) Men	strual Aspiration				■ Medical	(Surgic	al) Suction Curettal) Menstrual Aspal) Other (Specify	oiration		
Wedical (Surgio	ai) Oui	л (Бресіју)				iviedicar	(Surgic	ar) Outer (specify	,		
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	n.		For Medical (Surgica	al) procedures, ans	wer the followin	g question.	
Was the fetus viab. ☐ Yes [_	e a post fertilization	age at least 20 v	weeks?			us viabl	e or have a post fe No	rtilization age at	least 20 wee	ks?
If the previous quest	ion was	answered yes, compl	ete the followin	g question	ns.	If the previou	s questi	ion was answered	yes, complete th	e following q	uestions.
Was the fetus give: ☐ Yes [t opportunity to surv	ive?				us given Yes [the best opportun	ity to survive?		
		rmination that the protocol to avert death or seri						for determination ocedure to avert de			
Date last normal me	nses bega	an	T	Physicia	n estimate	of gestation (i	n weeks	s) Post i	ertilization age	of the fetus (n weeks)
	UNI	KNOWN	m aga 4-t- '			9				7	
How were the gestat ULTRASOUND	and post termizand										
Full name of physician performing termination DR. MANDY GITTLER											
Address of physician performing termination (<i>number and street, city, state, and</i> 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410						ode)					
3040 GGMEGHOOT GINEET, INCINCEUTEEE, IN 40410											
**Date Reported t	if Patient under 1					_					

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410				City or to	or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					•	
Patient's age**	1 / -	rried	Date of pregnancy term	ination	Educa	tion					
35	Mai	Yes No	12/06/201		Dadea	.1011	;	Some Co	llege, No Degree		
Race American Indian Native Hawaiian Live Births:			■ White ☐ Othe	k or African	n American		nknown ber now de	■ Not H	nic or Latino Iispanic or Latino	Unknown	
Other Termination	g.	Number of spontaneou	on terminations			Numb	0 Number of induced terminations				
			0 ation. If more than six (6)) those mos	t recent)				0		
1			3				5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:		Complication(s) of Pregnancy Termination						
☐ Yes ■ 1	No						■ N	one	☐ Uterin	e Perforation	
Fetus viable? Yes I	Vo.	If viable, medical	reason for termination:				☐ Infection ☐ Retained Products				
							Other (Specify)				
Pathological examination performed?	ation	If yes, results:									
☐ Yes ■ No										t in a maternal death?	
							☐ Yes	■ No)		
Type of Termination Procedures											
Procedure that Term	ipate	d Pregnancy			Additional Pr		e that Terr	ninated Pr	egnancv		
_		•							•		
☐ Medical (Nonsu ☐ Medical (Nonsu	ırgica	l) Misoprostol			Medical	(Nonsu	ırgical) M ırgical) M	isoprostol			
Medical (Nonsu	ırgica	l) Other (Specify)			☐ Medical	(Nonsu	ırgical) O	ther (Speci	ify)		
		Suction Curettage					cal) Suction				
☐ Medical (Surgion Med		Menstrual Aspiration Other (Specify)					cal) Mensical) Other		ration		
	1)		11		F 36 1' 1	· G ·	1) 1		.1 6.11		
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or l	nave a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion w	ras answered yes, comp	lete the following questio	ns.	If the previou	s quest	ion was ar	iswered ye	es, complete the follo	wing questions.	
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?			us givei Yes [opportunit	y to survive?		
What was the basis	for c	letermination that the pr	regnant woman had a con	dition	What was th	ne basis	s for deterr	nination th	nat the pregnant wom	an had a condition	
that required the pr woman?	oced	ure to avert death or ser	ious impairment to the pr	egnant	that required woman?	d the pr	rocedure to	avert dea	th or serious impairn	nent to the pregnant	
woman:					woman:						
								,			
Date last normal mer		oegan 10/16/2017	Physicia	ın estimate o	of gestation (i	n week:	s)	Post fer	rtilization age of the	fetus (in weeks)	
How were the gestat		age and post fertilization	on age determined?		<u>-</u>			1			
ULTRASOUND											
	-	rforming termination									
DR. MANDY GITTL Address of physician		orming termination (nu	mber and street, city, stat	e, and zin o	ode)						
	-	TREET, MERRILLVI		-, Lip (1	,						
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day, year):						-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	City or town	r town, of pregnancy termination County of printing INDIANAPOLIS				County of pregnancy termination MARION				
Dationt's acakk	In	Note of presence t '	notion	Educat	ior					
23	rried D Yes No	Pate of pregnancy termin		Educat	10n			l Diploma or GED		
Race American Indian or A Native Hawaiian or O	_	Asian Black White Other	or African A	merican	☐ Unk			nic or Latino Unknown		
Live Births:	Number now living	1			Numbe	er now deceas	sed	0		
Other Terminations:	Number of spontaneous to	erminations			Numbe	er of induced	termina	ations 2		
Dates of terminations (Do	o not include this termination 2		those most r	ecent.)		5		-		
Fetus delivered alive?	If yes, length of time					Co	omplica	tion(s) of Pregnancy Termination		
☐ Yes ■ No						■ None ☐ Uterine Perforation				
						— □ Hemo	orrhage	Cervical Laceration		
Fetus viable?	If viable, medical rea	son for termination:				Ü				
☐ Yes ■ No				☐ Infect		☐ Retained Products				
Other (Specify)										
Pathological examination performed?										
☐ Yes ■ No			Did this termination of pregnancy result in a maternal death?							
☐ Yes ■ No										
Type of Termination Procedures										
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Procedure that Terminate	d Pregnancy		Ac	lditional Pr	ocedure	that Termina	ted Pre	gnancy		
Medical (NonsurgicaMedical (Nonsurgica						gical) Mifep				
Medical (Nonsurgical						gical) Other		ý)		
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
	Menstrual Aspiration			Medical	(Surgica	nl) Menstrual	Aspira			
i Medicai (Surgicai)	Other (<i>Specify</i>)			Medical	(Surgica	ii) Oillei (<i>Spi</i>	ecijy)			
For Medical (Surgical) pr	rocedures, answer the follow	ving question	<u></u>	r Medical (Surgical	1) procedures	ancwe	r the following question.		
				`		, 1				
Was the fetus viable or Yes N	have a post fertilization age lo	e at least 20 weeks?	\		is viable les \Box		st fertil	ization age at least 20 weeks?		
If the previous question v	vas answered yes, complete	the following question:	s. If	the previou	s questic	on was answe	ered yes	, complete the following questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive	??	7		ıs given Yes 🔲	the best oppo	ortunity	to survive?		
What was the basis for	determination that the pregr	nant woman had a cond	ition \	What was th	ne basis	for determina	tion tha	at the pregnant woman had a condition		
	lure to avert death or seriou		gnant t					h or serious impairment to the pregnant		
woman :			`	voiliali :						
Date last normal menses	hegan	Physician	estimate of	gestation (i	n woobs) I D	Ost fort	ilization age of the fetus (in weeks)		
	10/23/2017	rnysician	i commate of	7	n weeks)	, P	OST ICIT	5		
_	age and post fertilization a	ige determined?				1				
ULTRASOUND										
Full name of physician performing termination										
DR. CASANDRA CASH	HMAN									
1 7 1	forming termination (number ROAD, INDIANAPOLIS,		, and zip cod	e)						
JULI SECRETOWN	, INDIANAFULIS,	70200								
**Date Reported to Do	CS, if Patient under 14 (n	month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and AdpPIN-GEORGETOWN OR (I	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
Patient's age** 27	Mari	ried Yes I No		nancy terminat 12/20/2017	tion	Educat	tion		nelor's Degree			
Race American Indian Native Hawaiian	or Otl	ner Pacific Islander	Asian White	☐ Black or ☐ Other	Afric	an American	Unknown Number now	☐ Not	y anic or Latino Hispanic or Latino 🔳 Unknown			
Live Births:		Number now living	0						0			
Other Terminations	s:	Number of spontaneou	s terminations 0				Number of in	duced termi	inations 1			
Dates of terminations	s (Do	not include this termino	ution. If more t	than six (6), th	ose m	ost recent.)	5.		6.			
Fetus delivered alive	?	If yes, length of tir		ved:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■ N	Мо						■ None ☐ Uterine Perforation					
								Hemorrhag	ge Cervical Laceration			
Fetus viable?		If viable, medical i	eason for term	nination:								
☐ Yes ■ No								☐ Infection ☐ Retained Products				
Other (Specify)									cify)			
Pathological examina performed?	ation	If yes, results:										
									on of pregnancy result in a maternal death?			
							☐ Ye					
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsur	rgical) Misoprostol				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
Medical (Nonsur	rgical	Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spec	cify)			
■ Medical (Surgical) Suction Curettage												
	al) M	Ienstrual Aspiration				☐ Medical	(Surgical) Mer (Surgical) Oth	ıstrual Aspi	iration			
Medicai (Surgica	ai) O	uiei (<i>specijy</i>)				ivieuicai	(Surgical) Our	ы (зресіју)				
	•											
For Medical (Surgica	ıl) pro	cedures, answer the fol	lowing questic	on.		For Medical ((Surgical) proce	dures, ansv	ver the following question.			
Was the fetus viable Yes		ave a post fertilization a	age at least 20	weeks?			us viable or hav Yes 🔲 No	e a post fer	tilization age at least 20 weeks?			
If the previous questi	on wa	as answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered y	es, complete the following questions.			
Was the fetus given		est opportunity to survi	ive?				us given the bes	t opportuni	ty to survive?			
		etermination that the pr	eonant women	had a condition	οn	What was th	ne hasis for dete	ermination t	that the pregnant woman had a condition			
that required the pro		re to avert death or seri				that required			ath or serious impairment to the pregnant			
woman?						woman?						
						1						
Date last normal men				Physician es	stimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
How were the gestati		0/22/2017 age and post fertilization	n age determin	l ned?		7			5			
ULTRASOUND	•	C a race										
Full name of physicia DR. CASANDRA C												
Address of physician	perfo	orming termination (num		t, city, state, a	nd zip	code)						
JUJU GLONGETOV	K	CAD, INDIANAFULI	C, 70200									
**Date Reported to	**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and Addres	H-GEÓRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN 46268									
			<u> </u>	INDIAN	AFUL				MARION	
Patient's age** 21	rried	Date of pregnancy term 12/20/201		Educa	tion		Bach	elor's Degree		
Race American Indian or A Native Hawaiian or O		☐ Asian ☐ Blac ■ White ☐ Othe		an American	☐ Uni	known		nic or Latino lispanic or Latin	no 🔲 Unknown	
Live Births:	Number now living	0			Numb	er now de	eceased	0		
Other Terminations:	Number of spontaneou	s terminations			Numb	er of indu	ced termin	ations 0		
Dates of terminations (Do	not include this termine	ation. If more than six (6)), those m	ost recent.)						
Fetus delivered alive? Yes No	If yes, length of tin	a ne fetus survived:		4		5	•	ation(s) of Preg	nancy Termination Jerine Perforation	
Fetus viable? Yes No	If viable, medical	reason for termination:								
Pathological examination performed? ☐ Yes ■ No Did this termination of pregnancy result in a ma									result in a maternal death	
Type of Termination Procedures										
Procedure that Terminate	d Pregnancy	,		Additional Pr		that Term	ninated Pro	egnancv		
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
Medical (Surgical) S Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			☐ Medical	(Surgical		on Curettag trual Aspir (Specify)			
For Medical (Surgical) pr	ocedures, answer the fol	lowing question.		For Medical (Surgica	ıl) procedı	ures, answ	er the following	g question.	
Was the fetus viable or l ☐ Yes ■ N		age at least 20 weeks?			us viable Yes [_	a post ferti	lization age at l	least 20 weeks?	
If the previous question w	vas answered yes, compl	ete the following questio	ns.	If the previou	s questi	on was an	iswered ye	s, complete the	following questions.	
Was the fetus given the ☐ Yes ☐ No	11 .	ive?			us given Yes [opportunit	y to survive?		
		egnant woman had a con ous impairment to the pr							woman had a condition pairment to the pregnant	
Date last normal menses l	began 10/14/2017	Physicia	nn estimat	e of gestation (i	n weeks	·)	Post fer	tilization age o	f the fetus (in weeks) 6	
How were the gestational	age and post fertilizatio	n age determined?								
ULTRASOUND										
Full name of physician pe										
Address of physician perf 8590 GEORGETOWN F	-		e, and zip	code)						
**Date Reported to DO	CS, if Patient under 14	4 (month, day year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDI	ANAPOLIS, IN, 46268	City or town, of pregna	ncy termination	County of pregnancy termination MARION					
Patient's age** Ma	In.	a of prognama: +	ation Educa	tion						
Patient's age Ma	rried Date Yes No	e of pregnancy termina 12/20/2017	ation Educa		ne College, No Degree					
Race American Indian or A Native Hawaiian or O	ther Pacific Islander 🔳 W	=	or African American	Unknown •	hnicity Hispanic or Latino Not Hispanic or Latino 🔲 Unknown					
Live Births:	Number now living	0		Number now decea	sed 0					
Other Terminations:	Number of spontaneous terr	minations 0		Number of induced	terminations 0					
Dates of terminations (Da	o not include this termination.	If more than six (6), th	hose most recent.)		-					
1	2	3	4	5	6					
Fetus delivered alive? Yes No	If yes, length of time fe	tus survived:			omplication(s) of Pregnancy Termination					
				■ None	Uterine Perforation					
Fetus viable?	If viable, medical reaso	n for termination:		Hemo	orrhage					
☐ Yes ■ No	,			☐ Infec	tion Retained Products					
	☐ Other (Specify)									
Pathological examination If yes, results:										
performed? ☐ Yes ■ No Did this termination of pregnancy result in a maternal death?										
L les L No					No Regnancy result in a maternal death?					
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
	•									
Medical (Nonsurgical Medical Med				(Nonsurgical) Mifer (Nonsurgical) Misor						
☐ Medical (Nonsurgical	al) Other (Specify)		☐ Medical	(Nonsurgical) Other	(Specify)					
Medical (Surgical)				(Surgical) Suction C						
☐ Medical (Surgical) ☐ Medical (Surgical) ☐	Menstrual Aspiration Other (Specify)			(Surgical) Menstrua (Surgical) Other (Sp						
	(<i>-</i> - <i>F 3</i> , <i>)</i>			(~g) (~p						
For Medical (Surgical) pr	rocedures, answer the following	ng question.	For Medical (Surgical) procedures	, answer the following question.					
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age a	t least 20 weeks?		us viable or have a po Yes \text{No}	ost fertilization age at least 20 weeks?					
		o following questions		_	ared ves, complete the following questions					
•	vas answered yes, complete th	ie following questions.		•	ered yes, complete the following questions.					
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best oppores Yes No	ortunity to survive?					
What was the basis for	determination that the pregnar	nt woman had a condit	ion What was th	ne hasis for determina	ation that the pregnant woman had a condition					
that required the proced	lure to avert death or serious i		nant that require		ert death or serious impairment to the pregnant					
woman?			woman?							
			L							
Date last normal menses	•	Physician 6	estimate of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)					
	11/01/2017 age and post fertilization age	determined?	6		4					
ULTRASOUND	5 F 2and age									
Full name of physician pe	_									
DR. CASANDRA CASH		and James 4. No. 11								
	forming termination (number ROAD, INDIANAPOLIS, IN		ина zıp соае)							
**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 Cit						own, of pregna			County of pregnancy termination MARION				
37	Married	Yes • No	Date of pregn	nancy termi 12/20/201		Educa	tion	Н		ol Diploma	or GEI)	
Race American Indian or Native Hawaiian or			☐ Asian ☐ White	■ Black ■ Other		an American	☐ Ur	ıknown		7 anic or Latino Hispanic or L		☐ Unkno	wn
Live Births:	Nu	mber now living	5				Numl	mber now deceased 0					
Other Terminations:	Nu	mber of spontaneou	s terminations				Numl	Tumber of induced terminations 5					
Dates of terminations (09/19/2013		include this termind	ation. If more t	(//		ost recent.) 4. 2017		5. UNKNOWN 6. UNKNOWN					
Fetus delivered alive? ☐ Yes ■ No		If yes, length of tir	ne fetus surviv	ved:				Complication(s) of Pregnancy Termination					
	,							1	None		Uterin	e Perforation	
Fetus viable?		If viable, medical	reason for term	nination:				I	Hemorrhag	e 🗆	Cervic	al Laceration	
☐ Yes ■ No)				I	nfection		Retain	ed Products				
									Other (Spec	cify)			
Pathological examination performed?													
☐ Yes ■ No											ncy resul	t in a maternal	death?
☐ Yes ■ No													
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsurg		•								•			
Medical (Nonsurg	ical) N	Iisoprostol				 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 							
iviedicai (ivolisuig.	icai) O	шег (эресцу)				Wiedicai	(I VOIISC	iigicai) C	жы (Брес	ijy)			
— M-4:1 (€:1)) Ct	C					(C:	-1\ C+	C				
Medical (Surgical) Medical (Surgical)) Mens	trual Aspiration				☐ Medical	(Surgio	al) Mens	on Curetta strual Aspi				
Medical (Surgical)) Other	(Specify)				Medical	(Surgio	al) Othe	r (Specify)				
For Medical (Surgical)	nroad	uras, answar the fol	lowing questic			For Madical	(Suraia	al) proces	luras ansu	ver the follow	ing ang		
Was the fetus viable of	_						_	cal) procedures, answer the following question. ble or have a post fertilization age at least 20 weeks?					
Yes •		a post fertilization	age at least 20	weeks:			Yes [a post tert	inization age	at icast i	20 weeks:	
If the previous question	n was ai	nswered yes, compl	ete the followi	ng question	ıs.	If the previou	ıs quest	ion was a	nswered ye	es, complete	the follo	wing questions	S.
Was the fetus given tl ☐ Yes ☐		opportunity to surv	ive?				us give Yes [opportunit	y to survive?	•		
What was the basis fo												an had a cond	
that required the proc woman?	edure to	o avert death or seri	ous impairmer	nt to the pre	egnant	that require woman?	d the pi	ocedure t	o avert dea	th or serious	ımpaırn	nent to the preg	gnant
Date last normal mense	_	n 7/2017		Physician	n estimate	e of gestation (in week	s)	Post fe	rtilization ag	e of the	fetus (in weeks	·)
How were the gestation			n age determin	ned?		<u> </u>							
ULTRASOUND													
Full name of physician performing termination													
Full name of physician DR. CASANDRA CAS													
Address of physician po				t, city, state	e, and zip	code)							
0090 GEORGETOWN	V KUA	D, INDIANAPULI	J, IN 40206										
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	City or to	wn, of pregnar	ncy terminati	ion	County of pregnancy termination MARION					
Patient's age** Ma	urried Da	ate of pregnancy termi		Educat	ion	Asso	ociate Degree			
Race American Indian or A Native Hawaiian or O	laska Native		or Africar	n American	Unknow	Ethnicity Hispa	<u> </u>			
Live Births:	Number now living	0					0			
Other Terminations:	Number of spontaneous te	0			Number of	induced termi	nations 3			
Dates of terminations (<i>Do</i> 01/10/2012	o not include this termination 2. 03/05/2014	n. If more than six (6), 3. 01/10/2017	, those mos	st recent.)		e.	6			
Fetus delivered alive? Yes No	If yes, length of time t		4.			_	cation(s) of Pregnancy Termination Uterine Perforation			
						_	_			
Fetus viable?	If viable, medical reas	son for termination:] Hemorrhag	<u> </u>			
☐ Yes ■ No				Infection	Retained Products					
Other (Specify)										
Pathological examination performed? If yes, results:										
Yes No			Did this termination of pregnancy result in a maternal death?							
☐ Yes ■ No										
Type of Termination Procedures										
Procedure that Terminate	ed Pregnancy			Additional Pro	ocedure that	Terminated Pr	regnancy			
Medical (Nonsurgica) Mifepriston				
Medical (Nonsurgical Medical Med) Misoprosto) Other (Spec				
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
☐ Medical (Surgical) I	Menstrual Aspiration			Medical	(Surgical) M	Ienstrual Aspi	ration			
Medical (Surgical)	Other (Specify)			☐ Medical	(Surgical) O	ther (Specify)				
For Medical (Surgical) pr	rocedures, answer the follow	ring question.		For Medical (Surgical) pro	cedures, answ	ver the following question.			
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age	at least 20 weeks?			ıs viable or h Yes □ No		tilization age at least 20 weeks?			
	vas answered yes, complete	the following question	18.	_	_		es, complete the following questions.			
•	best opportunity to survive	• •		•	•	est opportuni				
☐ Yes ☐ N	o TT			☐ Y	es □ No					
	determination that the pregn lure to avert death or serious						hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?	ture to avert death or serious	impairment to the pre	gnant	woman?	i ilie procedu	ire to avert dea	am or serious impairment to the pregnant			
Date last normal menses	began	Physician	n estimate	of gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
	10/28/2017			6	/		4			
_	l age and post fertilization ag	ge determined?								
ULTRASOUND										
Full name of physician performing termination										
DR. CASANDRA CASH	_									
	forming termination (numbe		e, and zip c	ode)						
0090 GEORGETOWN	ROAD, INDIANAPOLIS, I	IN 40∠08								
**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANA	POLIS, IN, 46268		n, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION							
Datient's against	D-6	nragnanov to	n F.1	tion							
Patient's age** 19	rried Date of Yes • No	pregnancy terminatio 12/19/2017	n Educa		h School Diplom	a or GED					
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	=	African American	Unknown	Ethnicity Hispanic or Latir Not Hispanic or l						
Live Births:	Number now living	0		Number now dec	eased 0						
Other Terminations:	Number of spontaneous termina	ations		Number of indu	ed terminations						
Dates of terminations (De	o not include this termination. If t	more than six (6), thos	e most recent.)								
1	23		4	5		6					
Fetus delivered alive? Yes No	If yes, length of time fetus	survived:			Complication(s) of I	Pregnancy Termination					
				■ No	one	Uterine Perforation					
Fetus viable?	If viable, medical reason for	or termination:		He	morrhage	Cervical Laceration					
Yes No	ii viable, inculcai reason re	r termination.		☐ In:	ection [Retained Products					
				her (Specify)							
Pathological examination											
performed?	,,										
☐ Yes ■ No		Did this	Did this termination of pregnancy result in a maternal death? Yes No								
Type of Termination Procedures											
Type of Termination Procedures											
Procedure that Terminate	d Pregnancy		Additional Pr	ocedure that Term	inated Pregnancy						
Medical (Nonsurgical				(Nonsurgical) Mi							
☐ Medical (Nonsurgica Medical (Nonsurgica				(Nonsurgical) Mi (Nonsurgical) Ot							
■ Medical (Surgical) Suction Curettage											
☐ Medical (Surgical)	Menstrual Aspiration		☐ Medical	(Surgical) Menst	ual Aspiration						
Medical (Surgical)	Other (Specify)		☐ Medical	(Surgical) Other	Specify)						
For Medical (Surgical) pr	ocedures, answer the following o	juestion.	For Medical (Surgical) procedu	res, answer the follow	wing question.					
Was the fetus viable or	have a post fertilization age at lea	ast 20 weeks?	Was the fet	us viable or have a	post fertilization age	e at least 20 weeks?					
☐ Yes ■ N	О		·	Yes No							
If the previous question v	vas answered yes, complete the fo	ollowing questions.	If the previou	s question was an	wered yes, complete	e the following questions.					
Was the fetus given the	best opportunity to survive?		Was the fet	us given the best o	pportunity to survive	e?					
☐ Yes ☐ N	0			res 🗌 No							
	determination that the pregnant water to avert death or serious impa					nant woman had a condition is impairment to the pregnant					
woman?	ture to avert death or serious impa	airment to the pregnan	woman?	a the procedure to	avert death or seriou	s impairment to the pregnant					
Date last normal menses	herran	Dhysician esti	mate of gestation (i	n waaks)	Post fartilization	ge of the fetus (in weeks)					
	10/07/2017	i nysician esti	11	n weensj	1 OST ICITIIZATION A	ge of the fetus (<i>in weeks</i>)					
How were the gestational	age and post fertilization age det	termined?									
ULTRASOUND											
Full name of physician po	=										
	forming termination (number and	street, city, state, and	l zip code)								
1 7 1	ROAD, INDIANAPOLIS, IN 46										
**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and Addre	City or to	own, of pregnar		County of	pregnancy MAR	termination ION				
Datient's**		ata of museum significant	mati	17.1	ion					
28	arried Da ☐ Yes ■ No	ate of pregnancy terminate of pregnancy terminate of 12/22/201		Educat	10n		College, No I	Degree		
Race American Indian or A Native Hawaiian or O	Other Pacific Islander	Asian Black White Other		n American	☐ Unk	nown N	ispanic or Latino ot Hispanic or L		☐ Unknown	
Live Births:	Number now living	1			Numbe	r now deceased	0			
Other Terminations:	Number of spontaneous te				Numbe	er of induced ter				
Dates of terminations (Do	l o not include this terminatio		those mo	st recent.)			'	6		
Fetus delivered alive?	If yes, length of time		4.				plication(s) of P	regnancy	Termination	
Yes No	in yes, rengin or time	July 11. Jul				■ None		Uterine	Perforation	
Fetus viable?	If viable, medical reas	son for termination:				Hemorri	_		Laceration	
☐ Yes ■ No						☐ Infection	1	Retained	d Products	
	Other (Specify)									
Pathological examination performed?										
Yes No			Did this termination of pregnancy result in a maternal death?							
☐ Yes ■ No										
Type of Termination Procedures										
Procedure that Terminate	ed Pregnancy			Additional Pro	ocedure	that Terminated	l Pregnancy			
Medical (Nonsurgica						gical) Mifepris				
☐ Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medical (Nonsurgical Medical						gical) Misopro gical) Other (S				
■ Medical (Surgical) Suction Curettage										
☐ Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical	l) Menstrual A	spiration			
Medical (Surgical)	Other (Specify)			☐ Medical	(Surgical	l) Other (Speci	fy)			
For Medical (Surgical) pr	rocedures, answer the follow	ving question.		For Medical (Surgical) procedures, ar	nswer the follow	ing questi	on.	
	have a post fertilization age	at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
Yes N	was answered yes, complete	the following question	ıs.	_			d yes, complete	the follow	ing questions.	
Was the fetus given the	best opportunity to survive			Was the fetu	ıs given	the best opport	unity to survive			
☐ Yes ☐ N	Io			☐ Y	es 🗌	No				
	determination that the pregn lure to avert death or serious								n had a condition nt to the pregnant	
woman?	iure to avert death of serious	, пирантиенt to the pre	gnant	woman?	uie pro	cedure to avert	ucam or serious	ппракте	in to the pregnant	
Date last normal menses	began	Physician	n estimate	of gestation (ii	n weeks)	Pos	t fertilization ag	ge of the fe	tus (in weeks)	
	10/05/2017	1		11				9		
How were the gestational ULTRASOUND	l age and post fertilization ag	ge determined?								
	OLINASCUMD									
	Full name of physician performing termination									
DR. CASANDRA CASH		an and atomic and a second	J . •	0040)						
	forming termination (number ROAD, INDIANAPOLIS, I		, and zip o	coae)						
**Date Reported to Do	CS, if Patient under 14 (n	nonth, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANAPOL	City City	or town, of pregna	ncy termination	(County of pregnancy termination MARION				
Datient's aga**	Doto of	ananay taminati	T.d.,	tion						
32	rried Date of pre	egnancy termination 12/20/2017	n Educa			ege, No Degree				
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	☐ Black or A	frican American	Unknown		c or Latino panic or Latino				
Live Births:	Number now living	1		Number now do	eceased	0				
Other Terminations:	Number of spontaneous terminatio	ns 0		Number of indu	uced terminat	ions 2				
Dates of terminations (Do	o not include this termination. If mor 2. 10/22/2016 3.	e than six (6), those	e most recent.)	5		6				
Fetus delivered alive?	If yes, length of time fetus surv	vived:	_ 4,		Complicati	on(s) of Pregnancy Termination				
☐ Yes ■ No	,, . g				None	Uterine Perforation				
					Hemorrhage	Cervical Laceration				
Fetus viable?	If viable, medical reason for te	rmination:			C					
☐ Yes ■ No					nfection	Retained Products				
	Other (Specify)									
Pathological examination performed? If yes, results:										
☐ Yes ■ No			Did this termination of pregnancy result in a maternal death?							
☐ Yes ■ No										
Type of Termination Procedures										
Type of Termination Procedures										
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Teri	minated Preg	nancy				
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica				(Nonsurgical) M (Nonsurgical) M						
Medical (Nonsurgical				(Nonsurgical) O)				
■ Medical (Surgical) Suction Curettage										
	Menstrual Aspiration			(Surgical) Mens (Surgical) Other	trual Aspirat	ion				
i Wedicai (Surgicai)	Outer (specify)		Wedicar	(Surgical) Offici	(Бресіју)					
	4-6-11	4:	E-M-E-1	· · · · · · · · · · · · · · · · · · ·		41- 6-11				
	rocedures, answer the following ques			2 /1	,	the following question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 2 To	20 weeks?		us viable or have Yes \text{No}	a post fertiliz	zation age at least 20 weeks?				
If the previous question v	was answered yes, complete the follo	wing questions.	If the previou	s question was a	nswered yes,	complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best	opportunity t	o survive?				
	determination that the pregnant wom	an had a condition		_	mination that	the pregnant woman had a condition				
that required the proced	lure to avert death or serious impairm		that require			or serious impairment to the pregnant				
woman?			woman?							
Data last normal manage	hagan	Dhysisian actin	mata of austation (i	a succha)	Dogt fortil	ligation ago of the fature (in success)				
Date last normal menses	og/28/2017	rnysician estir	nate of gestation (i	n weeks)	rost tertil	lization age of the fetus (in weeks) 10				
_	age and post fertilization age determ	nined?								
ULTRASOUND										
Full name of physician performing termination										
DR. CASANDRA CASH	HMAN									
	forming termination (number and str ROAD, INDIANAPOLIS, IN 4626		zip code)							
JULI SECROLIONA	,									
**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Facility Name and Address City or town, of pregnancy termination County of pregnancy termination												
PPIN-GEÓRGETOWN OR	(PPGI)	- 8590 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268		INDIANAPOLIS MARION							
Patient's age** 32	Maı	ried Yes I No	Date of pregn	nancy termi 12/20/201		Educa	tion		ollege, No Degree)			
Race American Indian Native Hawaiian			Asian White	■ Black		an American	Unknown		y panic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Number now	deceased	0				
Other Termination	s:	Number of spontaneou					Number of in	duced term					
Dates of termination 1. UNKNOWN	s (Do	not include this termino	ution. If more t			ost recent.)	5.		6.				
Fetus delivered alive	?	If yes, length of tir							cation(s) of Pregnan	cy Termination			
☐ Yes ■ I	No					■ None ☐ Uterine Perforation							
								Hemorrhag	pe 🗍 Cerv	ical Laceration			
Fetus viable? ☐ Yes ■ 1	No	If viable, medical i	eason for term	nination:									
res r	Yes • No								☐ Infection ☐ Retained Products				
D d 1 ' 1 ' '		TC L					⊔	Other (Spe	ecify)				
Pathological examination performed? If yes, results:													
☐ Yes ■ No								nis terminati		ult in a maternal death?			
							1	cs E iv					
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
_													
☐ Medical (Nonsu☐ Medical (Nonsu							(Nonsurgical) (Nonsurgical)						
		l) Other (Specify)					(Nonsurgical)						
_ \	,	uction Curettage					(Surgical) Suc						
☐ Medical (Surgion ☐ Medical (Surgion ☐ Medical (Surgion ☐ ☐ Medical (Surgion ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Menstrual Aspiration Other (Specify)					(Surgical) Me (Surgical) Oth						
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing question	on.		For Medical ((Surgical) proc	edures, ansv	wer the following que	estion.			
	_	nave a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes [Yes No						
		as answered yes, compl		ng questior	1S.	1	•	•	ves, complete the foll	owing questions.			
Was the fetus gives		best opportunity to survi	ive?				us given the be Yes No	st opportun	ity to survive?				
		etermination that the pr								man had a condition			
that required the pri woman?	rocedi	are to avert death or seri	ous impairmer	nt to the pre	egnant	woman?	d the procedure	e to avert de	eath or serious impair	rment to the pregnant			
Date last normal men	nses b	egan		Physician	n estimate	e of gestation (i	in weeks)	Post fo	ertilization age of the	e fetus (in weeks)			
	(09/15/2017				13	,		11				
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	ned?									
ULTRASOUND													
		rforming termination											
DR. CASANDRA C		orming termination (num	nber and stree	t, citv. state	e, and zin	code)							
	-	OAD, INDIANAPOLI		.,, state									
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr	ess il) - 8590 GEORGETOWN ROAD, INDIAN	IAPOLIS, IN. 46268 City	or town, of pregna	•	County of pregnancy termination					
	,,	,,	INDIAN	IAPOLIS	MARION					
Patient's age** M	Tarried Date of No	of pregnancy termination 12/20/2017	Educa	Hig	gh School Diploma or GED					
Race American Indian or A Native Hawaiian or G			frican American		Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown					
Live Births:	Number now living	0		Number now dec	0					
Other Terminations:	Number of spontaneous termi	0		Number of induc	red terminations					
	Oo not include this termination. I			5.	6					
Fetus delivered alive? Yes No	If yes, length of time fetu				Complication(s) of Pregnancy Termination					
Fetus viable? Yes No	If viable, medical reason	for termination:			emorrhage					
Pathological examinatio	her (Specify)									
Pathological examination performed? Tyes No Did this termination of pregnancy result in a maternal death Yes No										
Type of Termination Procedures										
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurgion Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical	cal) Mifepristone		☐ Medical ☐ Medical							
Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		☐ Medical	(Surgical) Suction (Surgical) Menstr (Surgical) Other (ual Aspiration					
For Medical (Surgical) p	procedures, answer the following	question.	For Medical ((Surgical) procedu	res, answer the following question.					
Was the fetus viable of Yes ■ 1	r have a post fertilization age at l No	east 20 weeks?		us viable or have a Yes	post fertilization age at least 20 weeks?					
If the previous question	was answered yes, complete the	following questions.	If the previou	s question was ans	swered yes, complete the following questions.					
Was the fetus given the ☐ Yes ☐ I	e best opportunity to survive? No			us given the best of Yes \text{No}	pportunity to survive?					
	determination that the pregnant dure to avert death or serious im				ination that the pregnant woman had a condition avert death or serious impairment to the pregnant					
Date last normal menses	s began	Physician estir	nate of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)					
How were the gestations	UNKNOWN al age and post fertilization age d	etermined?	13		11					
ULTRASOUND	god returzation age t									
Full name of physician performing termination										
DR. CASANDRA CAS	_	nd street, city, state, and	zip code)							
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN 4	16268								
**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and Addr PPIN-GEORGETOWN OR (PPG	City or town	ry or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION				
							<u> </u>		
33	arried Yes No	Date of pregnancy term 12/20/20		Educat	tion		ollege, No Degree		
Race American Indian or A Native Hawaiian or C		☐ Asian ■ Bla ☐ White ■ Oth	ck or African A	American	Unknown		/ anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	Number now living	2			Number now o	deceased	0		
Other Terminations:	Number of spontaneou	us terminations		Number of induced terminations					
Dates of terminations (L	Oo not include this termin	ation. If more than six (6), those most r	recent.)					
l		3	4		5	Comulia	cation(s) of Pregnanc	v. Tompination	
Fetus delivered alive? ☐ Yes ■ No	If yes, length of ti	me fetus survived:				•	_		
						None	Uterin	e Perforation	
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	e	cal Laceration	
☐ Yes ■ No	☐ Yes ■ No					Infection	☐ Retain	ed Products	
						Other (Spec	cify)		
Pathological examinatio performed?	If yes, results:								
Yes No					Did thi	is termination	on of pregnancy resul	It in a maternal death?	
					☐ Ye	es 🔳 No	0		
		Тур	e of Termination	on Procedur	es				
Procedure that Terminat	red Pregnancy		A	dditional Pr	ocedure that Te	rminated Pr	regnancy		
Medical (Nonsurgion					(Nonsurgical) I				
Medical (NonsurgionMedical (Nonsurgion					(Nonsurgical) I (Nonsurgical) (
☐ Medical (Surgical)	Suction Curettage		_	1 Medical	(Surgical) Suct	ion Curetta	ge.		
☐ Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical) Men	strual Aspi			
Medical (Surgical)	Other (Specify)			☐ Medical (Surgical) Other (Specify)					
								_	
For Medical (Surgical) p	procedures, answer the fo	llowing question.	Fo	For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable of Yes 1	r have a post fertilization	age at least 20 weeks?	,	Was the fetus viable or have a post fertilization age at least 20 weeks?					
		1. 4. 6.11	10	_		1	1. 4. 6.11		
	was answered yes, comp	• •		•	•	·	es, complete the follo	wing questions.	
Was the fetus given the ☐ Yes ☐ 1	e best opportunity to surv No	vive?	'		us given the best Tes \text{No}	t opportunit	ty to survive?		
What was the basis for	determination that the p	regnant woman had a co	ondition '	What was th	ne basis for dete	rmination tl	hat the pregnant wom	nan had a condition	
	dure to avert death or ser		oregnant t				ath or serious impairn		
woman:				woman:					
Data last 1	hogon	Total :	ion outility C	mont-ti /		D- + C	mtiliantic= Cd	fatus (in constant	
Date last normal menses	UNKNOWN	Physic	ian estimate of	gestation (i	n weeks)	Post fe	rtilization age of the	icius (<i>in weeks)</i>	
=	al age and post fertilization	on age determined?				1			
ULTRASOUND									
Fall and Colors									
Full name of physician p DR. CASANDRA CAS									
1 7 1	rforming termination (nu		ate, and zip cod	le)					
8590 GEORGETOWN	ROAD, INDIANAPOL	IS, IN 46268							
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year): _					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR	ne and Address OWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City O				City or	or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age** 37	Ma	rried Yes I No	Date of pregn	ancy term 12/20/201		Educa	ition	н		ol Diploma or GE	D	
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Blac		an American	Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	6				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6), those m	ost recent.)	<u> </u>					
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination	
	110							■ N	None	☐ Uterii	ne Perforation	
Estus vishle?	Fetus viable? If viable, medical reason for termination:							☐ F	Hemorrhage	e 🔲 Cervi	cal Laceration	
Yes No								□ I	nfection	☐ Retain	ned Products	
									Other (Spec			
Pathological examin	otion	If yes, results:							Julei (Spec	<i>(1)</i>		
performed?	ation	ii yes, iesuits:										
☐ Yes ■ No								Did this		on of pregnancy resu	lt in a maternal death?	
								1 es	S E NO)		
				Туре	of Termi	nation Procedu	res					
Procedure that Term	inate	d Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy		
Medical (Nonsu									lifepriston			
Medical (Nonsu Medical (Nonsu		 Misoprostol Other (Specify) 				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
_ `	U	, (1 33)					`	0 /	. 1			
		Suction Curettage Menstrual Aspiration							on Curettaş strual Aspir			
Medical (Surgio									r (Specify)			
For Medical (Surgic	al) pr	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.	
		nave a post fertilization				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
			age at least 20	weeks:			Yes [_	a post tert	mzanon age at least	20 weeks!	
If the previous quest	ion w	as answered yes, compl	lete the following	ng questio	ns.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.	
				<i>U</i> 1		•	•		•	y to survive?	<i>5</i> 1	
Yes [best opportunity to surv	ive:				Yes [_	оррогини	y to survive?		
What was the basis	s for o	letermination that the pr	egnant woman	had a con	dition	What was t	he basis	for deter	mination th	hat the pregnant wor	nan had a condition	
that required the pr		ure to avert death or seri				that require					ment to the pregnant	
woman?						woman?						
Date last normal me		•		Physicia	an estimat	e of gestation (in weeks	(s)	Post fe	rtilization age of the	fetus (in weeks)	
How were the gestat		age and post fertilization	n age determin	ed?		7				5		
ULTRASOUND		-6 post fortingation										
Full name of physici	an pe	rforming termination										
DR. CASANDRA C	ASH	IMAN										
	-	forming termination (number of the company) (number of		t, city, stat	e, and zip	code)	_					
	, NI N											
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Adprin-George Town or (I	ddres PPGI)	S 8590 GEORGETOWN ROAD,	INDIANAPOLIS,	IN, 46268	ty or t		ncy termination		County of pregnancy termination MARION	
Г _ ·		<u> </u>				T				
Patient's age** 31	Mar	ried Yes No		ancy terminati 12/20/2017	ion	Educat	tion		ociate Degree	
Race American Indian Native Hawaiian		ner Pacific Islander	Asian White	Black or Other	Africa	an American	Unknown	■ Not I	y anic or Latino Hispanic or Latino	
Live Births:		Number now living	1				Number now o	leceased	0	
Other Terminations	s:	Number of spontaneous	terminations 0				Number of ind	uced termi	nations 0	
Dates of terminations	s (Do	not include this termina	tion. If more to	han six (6), tho	ose mo	ost recent.)				
1		2	3		4	1	5	C 1'	6	
Fetus delivered alive		If yes, length of tim	e fetus surviv	ed:				_	cation(s) of Pregnancy Termination	
								None	Uterine Perforation	
Fetus viable? If viable, medical reason for termination:								Hemorrhag	e Cervical Laceration	
						☐ Infection ☐ Retained Products				
								Other (Spec	cify)	
Pathological examina	ation	If yes, results:								
performed?										
☐ Yes ■ No						Did this termination of pregnancy result in a maternal dea ☐ Yes ■ No				
				Type of T	Гегтіг	nation Procedur	es			
Procedure that Termi	notod	Dragnonav		71			ocedure that Ter	minated D	romanav	
						_				
Medical (Nonsur							(Nonsurgical) Nonsurgical) N			
		Other (Specify)				Medical (Nonsurgical) Other (Specify)				
Medical (Surgical)	al) S	uction Curettage				☐ Medical	(Surgical) Suct	ion Curetta	ge	
	al) N	lenstrual Aspiration				Medical	(Surgical) Men (Surgical) Othe	strual Aspi	ration	
Wiedleur (Burgle)	ui) 0	uioi (speegy)					(Burgieur) Oure	r (specify)		
For Medical (Surgica	ıl) pro	cedures, answer the follo	owing question			For Medical (Surgical) proces	lures answ	ver the following question	
, ,	, I	,	0 1			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?				
Yes Yes		ave a post fertilization a	ge at least 20	weeks?			Yes No	e a post ter	unzation age at least 20 weeks?	
If the previous questi	on w	as answered yes, comple	te the following	ng questions.		If the previou	s question was a	nswered y	es, complete the following questions.	
Was the fetus given ☐ Yes ☐		est opportunity to surviv	ve?				us given the best Yes \text{No}	opportuni	ty to survive?	
What was the basis	for d	etermination that the pre	gnant woman	had a condition	on	What was th	ne basis for deter	mination t	hat the pregnant woman had a condition	
that required the pro		re to avert death or serio				that required			ath or serious impairment to the pregnant	
woman?						woman?				
Date last normal men				Physician es	timate	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)	
How were the gestati		0/30/2017 age and post fertilization	age determin	ed?		7			5	
ULTRASOUND		-8 I I								
Full name of physicia DR. CASANDRA C										
	-	orming termination (num		t, city, state, an	nd zip	code)				
3333 323134	1\	, areinini out	., 10200							
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or t	or town, of pregnancy termination INDIANAPOLIS			County of pregna	ncy termination
Patient's age** 28	Maı	ried Yes I No	Date of pregr	12/20/201		Educa	tion		ociate Degree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	1				Number now o	leceased	0	
Other Termination	s:	Number of spontaneou		i			Number of inc	luced termi		
Dates of termination 2008	s (Do	not include this termina 2. 2008	ation. If more t		those me	ost recent.)	5		6	
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	/ed:				Compli	cation(s) of Pregnar	cy Termination
☐ Yes ■ I	No					■ None ☐ Uterine Perforation				
							:	Hemorrhag	ge 🔲 Cerv	vical Laceration
Fetus viable? If viable, medical reason for termination:								Infection	□ Reta	ined Products
								Other (Spec		
Pathological examin	ation	If yes, results:						Onici (spec	cijy)	
performed?		ii yes, resuits.								
☐ Yes ■ No							Did thi ☐ Ye			ult in a maternal death?
									<u>-</u>	
Type of Termination Procedures										
Procedure that Term	inated	l Pregnancy		• •			rocedure that Te	rminated P	regnancy	
							(Nonsurgical) I			
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsurgical) I	Misoprosto	1	
Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spec	cify)	
		uction Curettage Menstrual Aspiration					(Surgical) Suct (Surgical) Men			
Medical (Surgio							(Surgical) Othe			
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing question	on.		For Medical ((Surgical) proce	dures, answ	ver the following qu	estion.
		nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?				
Yes [as answered yes, compl	ete the followi	na question	ne.	_	Yes No	newarad v	es, complete the fol	lowing questions
		best opportunity to surv		ng question	15.	•	us given the bes	•		lowing questions.
	No						Yes No	оррогии	ty to survive:	
		etermination that the pr								oman had a condition
woman?	rocedi	are to avert death or seri	ous impairmer	nt to the pre	gnant	woman?	d the procedure	to avert dea	ath or serious impai	rment to the pregnant
Date last normal men	nses b	pegan		Physician	n estimate	e of gestation (i	in weeks)	Post fe	ertilization age of th	e fetus (in weeks)
**		0/01/2017	•	10		12			10)
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	ned?						
021181000112										
Full name of physici										
DR. CASANDRA C	_	orming termination (num	nber and stree	t, city, state	, and zip	code)				
	-	OAD, INDIANAPOLI		· •						
**Date Reported t	to DC	CS, if Patient under 14	4 (month, day,	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and Addre	Name and Address RGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City or town,				County of pregnand MA	cy termination			
Patient's age** Ma	orried Date	of pregnancy terminati	on Educa	tion					
20 Ma	arried Date Yes No	12/20/2017	Educa		h School Diploma or GE	D			
Race American Indian or A Native Hawaiian or C	other Pacific Islander Wh	=	African American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	0		Number now dec	0				
Other Terminations:	Number of spontaneous term	inations 0		Number of induc	ed terminations 0				
Dates of terminations (De	o not include this termination.		ose most recent.)						
Fetus delivered alive?	If yes, length of time fetu	3	4	5	Complication(s) of Pregnanc	v Termination			
Yes No	if yes, length of time lett	as survived.		■ No	_	ne Perforation			
					_				
Fetus viable?	If viable, medical reason	for termination:				cal Laceration			
☐ Yes ■ No				☐ Inf	ection Retain	ned Products			
				Oti	er (Specify)				
Pathological examination performed?	If yes, results:								
Yes No				Did this t	ermination of pregnancy resu	lt in a maternal death?			
☐ Yes ■ No									
		Type of T	Termination Procedur	res					
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Term	nated Pregnancy				
☐ Medical (Nonsurgical				(Nonsurgical) Mi					
☐ Medical (Nonsurgical Medical Medic				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
	(-F02)			(,	- (- <u>F</u> 33)				
			_	(0 1 1) 0 1					
	Menstrual Aspiration		☐ Medical	(Surgical) Suction (Surgical) Menstr	al Aspiration				
☐ Medical (Surgical)	Other (Specify)		☐ Medical	☐ Medical (Surgical) Other (Specify)					
For Medical (Surgical) pr	rocedures, answer the following	g question.	For Medical (For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable or	have a post fertilization age at	least 20 weeks?	Was the fet	Was the fetus viable or have a post fertilization age at least 20 weeks?					
☐ Yes ■ N	lo			Yes No					
If the previous question v	was answered yes, complete the	e following questions.	If the previou	s question was ans	wered yes, complete the follo	owing questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best of	portunity to survive?				
What was the basis for	determination that the pregnant	t woman had a conditio	on What was th	ne basis for determ	nation that the pregnant won	nan had a condition			
	lure to avert death or serious in				evert death or serious impairs				
woman:			woman?						
Date last normal menses	began 10/15/2017	Physician es	timate of gestation (i	n weeks)	Post fertilization age of the 7	tetus (in weeks)			
	l age and post fertilization age	determined?			•				
ULTRASOUND									
Full name of physician po	_								
	forming termination (number a	and street, city, state, an	nd zip code)						
	ROAD, INDIANAPOLIS, IN		, , , , , , , , , , , , , , , , , , ,						
**Date Reported to Do	CS, if Patient under 14 (mon	nth, day, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	ess) - 8590 GEORGETOWN ROAD, INDI	ANAPOLIS, IN, 46268	City or town, of pre	gnancy terminatio	on	County of pregnancy termination MARION			
Datient's**		o of muccasas i	estion I To	ation					
28	arried Date ☐ Yes ■ No	e of pregnancy termin		ucation		llege, No Degree			
Race American Indian or A Native Hawaiian or C		=	or African America	n Unknown		nnic or Latino Hispanic or Latino			
Live Births:	Number now living	1		Number now	deceased	0			
Other Terminations:	Number of spontaneous terr	ninations		Number of ir	nduced termin	nations 0			
Dates of terminations (De	l o not include this termination.	If more than six (6),	those most recent.)			0			
1	2	3	4	5.		6			
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fe	tus survived:			Complic	ration(s) of Pregnancy Termination			
					None	Uterine Perforation			
Fetus viable?	If viable, medical reaso	n for termination:			Hemorrhage	e Cervical Laceration			
Yes No	ii viable, illedical feaso	ii for termination.			Infection	☐ Retained Products			
					Other (Spec	rify)			
Pathological examination	n If yes, results:				other (spee	937			
performed?									
☐ Yes ■ No				Did th		on of pregnancy result in a maternal death?			
		Type o	of Termination Proc	edures					
D 1 (1 (T) 1 (1.0	1,500							
Procedure that Terminate	ed Pregnancy		Additiona	l Procedure that T	erminated Pr	egnancy			
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical /li>				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol					
Medical (Nonsurgical				Medical (Nonsurgical) Other (Specify)					
Medical (Surgical)	Suction Curettage		Med	cal (Surgical) Suc	ction Curetta	ge			
	Menstrual Aspiration		☐ Med	cal (Surgical) Me cal (Surgical) Oth	enstrual Aspir				
Wiedicai (Surgicai)	Other (Specify)		Wied.	incutal (surgicus) state (specify)					
For Medical (Surgical) pr	rocedures, answer the following	ng question.	For Medi	For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age a	t least 20 weeks?		fetus viable or ha	ve a post fert	ilization age at least 20 weeks?			
	was answered yes, complete th	ne following questions			s answered ve	es, complete the following questions.			
•		e rono ming queouom		•	·				
Yes N	best opportunity to survive?			fetus given the be Yes No	st opportunit	y to survive?			
	determination that the pregnar					nat the pregnant woman had a condition			
that required the proced woman?	lure to avert death or serious i	mpairment to the preg	gnant that required woman'		e to avert dea	th or serious impairment to the pregnant			
Data last named	hagan	Dl.,: -::	actimate of a+	m (in wasta)	Doct f	rtilization ago of the fotos (int)			
Date last normal menses	10/23/2017	Physician	estimate of gestatio	nı (ın weeks)	Post ie	rtilization age of the fetus (in weeks) 5			
How were the gestational	l age and post fertilization age	determined?			1				
ULTRASOUND									
Full name of physician po	_								
	forming termination (number	and street, city, state,	and zip code)						
8590 GEORGETOWN	ROAD, INDIANAPOLIS, IN	l 46268							
**Date Reported to D	CS, if Patient under 14 (mo	onth, day, year):				-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and Ac PPIN-GEORGETOWN OR (F	ddress PPGI) -	; 8590 GEORGETOWN ROAD, INDIAN	IAPOLIS, IN, 46268	City or		ncy termination		County of pregnancy termination MARION	
		T =			T				
Patient's age** 19	Mari	ried Date of No	of pregnancy term		Educa			lege, No Degree	
Race American Indian of Native Hawaiian of	or Otl	ner Pacific Islander 🔲 Wh	=		can American	Unknown	Not Hi	ic or Latino Unknown	
Live Births:		Number now living	0			Number now do	eceased	0	
Other Terminations	:	Number of spontaneous termi	nations 0			Number of indu	uced termina	ations 0	
Dates of terminations	(Do	not include this termination. Į	f more than six (6	6), those m	ost recent.)			-	
1					4	5	C 1:	6	
Fetus delivered alive? Yes N		If yes, length of time fetu	s survived:				-	tion(s) of Pregnancy Termination	
						■ N	None	Uterine Perforation	
Fetus viable? If viable, medical reason for termination:						I	Hemorrhage	☐ Cervical Laceration	
Yes No					☐ Infection ☐ Retained Products				
							Other (Specif	(y)	
Pathological examina	tion	If yes, results:							
performed? Yes No Did this termination of pregnancy result in a maternal definition of pregnancy result in a m								C 11 40	
☐ Yes ■ N					Did this		of pregnancy result in a maternal death?		
			Type	e of Termi	nation Procedur	res			
Procedure that Termin	nated	Dreanancy			Additional Pr	ocedure that Terr	minated Pres	gnancy	
					_		•	gnancy	
☐ Medical (Nonsur☐ Med					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol				
Medical (Nonsur	rgical	Other (Specify)			Medical (Nonsurgical) Other (Specify)				
Medical (Surgical)					Medical	(Surgical) Suction	on Curettage	2	
☐ Medical (Surgica ☐ Medical (Surgica		enstrual Aspiration ther (Specify)				(Surgical) Mens (Surgical) Other		tion	
	,	1 007				, ,	1 327		
For Medical (Surgical	l) pro	cedures, answer the following	question.		For Medical ((Surgical) proced	lures, answer	r the following question.	
Was the fetus viable	or h	ave a post fertilization age at 1	east 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?				
Yes Yes			cust 20 Weeks.			Yes No	a post term	reation age at least 20 weeks.	
If the previous question	on wa	s answered yes, complete the	following question	ons.	If the previou	is question was a	nswered yes	, complete the following questions.	
Was the fetus given ☐ Yes ☐		est opportunity to survive?				us given the best Yes \(\sime\) No	opportunity	to survive?	
What was the basis	for de	etermination that the pregnant	woman had a co	ndition	What was th	he basis for deter	mination tha	at the pregnant woman had a condition	
		re to avert death or serious im						n or serious impairment to the pregnant	
woman:					woman:				
Date last normal men		egan 9/29/2017	Physici	an estimat	te of gestation (i	n weeks)	Post fert	ilization age of the fetus (in weeks) 9	
How were the gestation		age and post fertilization age d	etermined?					<u> </u>	
ULTRASOUND									
Full name of physicia DR. CASANDRA CA									
	-	rming termination (number and OAD, INDIANAPOLIS, IN		ite, and zip	code)				
**Date Reported to	DC	S, if Patient under 14 (mon	h, day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or t	y or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
28	Iarried	Yes I No	Date of pregn	nancy termi 12/20/201		Educa	tion			llege, No Degree	•	
Race American Indian or Native Hawaiian or			☐ Asian ☐ White	☐ Black ■ Other		an American	☐ Un	known		nic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	Num	nber now living	3				Numb	er now d	eceased	0		
Other Terminations:	Num	nber of spontaneou	s terminations			Number of induced terminations 3						
Dates of terminations (1		nclude this termina	ation. If more t		, those mo	ost recent.)	I	5		6		
Fetus delivered alive?]	If yes, length of tin				***************************************			Complic	ation(s) of Pregnan	cy Termination	
☐ Yes ■ No								■ N	None	☐ Uter	ne Perforation	
								I	Hemorrhage	e 🔲 Cerv	ical Laceration	
Fetus viable? If viable, medical reason for termination:								Пі	nfection	□ Reta	ined Products	
									Other (Spec	_		
Pathological examination	on 1	If yes, results:							эшсі (Брес	ijy)		
performed?		,,						=				
☐ Yes ■ No								Did this			ult in a maternal death?	
	•											
				Type	of Termin	nation Procedu	res					
Procedure that Termina	ited Preg	gnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy		
☐ Medical (Nonsurgi												
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi	ical) Mi	isoprostol				 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 						
Wedical (Notisting)	icai) Oti	nei (specijy)				Wiedical	(INOIISU	igicai) C	omer (speci	gy)		
Medical (Surgical)Medical (Surgical)									on Curettag strual Aspir			
Medical (Surgical)	Other ((Specify)				☐ Medical	(Surgic	al) Other	r (Specify)			
For Medical (Surgical)	procedu	res, answer the fol	lowing question	on.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable o ☐ Yes ■		post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous question		swered yes, compl	ete the followi	ng question	ns.	_		_	nswered ye	es, complete the following	owing questions.	
Was the fetus given th	ne best o					Was the fet	us giver	the best	•	y to survive?		
☐ Yes ☐						_	Yes [_				
What was the basis fo that required the proce											man had a condition ment to the pregnant	
woman?			•	•		woman?	•			•		
Date last normal mense	-	/2017		Physician	n estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	e fetus (in weeks)	
How were the gestation			n age determin	ned?						<u> </u>		
ULTRASOUND												
Full name of physician DR. CASANDRA CAS												
Address of physician pe		•		t, city, state	e, and zip	code)						
8590 GEORGETOWN	KUAL	, INDIANAPOLI	3, IN 40268									
**Date Reported to I	DCS, if	Patient under 14	4 (month, day,	year):								

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Facility Name and Address		City or	town, of pregna	ncy termination	Coun	ty of pregnancy termination				
PPIN-GEORGETOWN OR (PPGI)) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	5, IN, 46268	INDIAN	IAPOLIS		MARION				
Patient's age** Ma	rried Date of preg	nancy termination	Educa	tion	Bachelor's	Degree				
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	■ Black or Afric	can American	Unknown	Ethnicity Hispanic or Not Hispanic					
Live Births:	Number now living 0			Number now de		0				
Other Terminations:	Number of spontaneous termination 0			Number of indu	ced terminations	0				
Dates of terminations (Do	o not include this termination. If more	* **	*	5.		6.				
Fetus delivered alive? Yes No	If yes, length of time fetus survi			■ N		s) of Pregnancy Termination Uterine Perforation				
Fetus viable?	If viable, medical reason for term	mination:		— п	emorrhage	☐ Cervical Laceration				
☐ Yes ■ No				☐ In	nfection	☐ Retained Products				
					ther (Specify)					
Pathological examination performed? If yes, results:										
Yes No Did this termination of pregnancy result in a maternal death? Yes No										
	Type of Termination Procedures									
Procedure that Terminate	d Pragnancy	Type of Term		res rocedure that Term	ningted Drawns	NV				
						cy .				
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	al) Misoprostol		 Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) 							
Medical (Surgical) S	Evation Compttons		☐ Madical	(Surgical) Suction	on Cunattaga					
	Menstrual Aspiration		☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical) pr	rocedures, answer the following quest	ion.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at least 20) weeks?		us viable or have Yes \[\] No	a post fertilizatio	on age at least 20 weeks?				
If the previous question w	was answered yes, complete the follow	ving questions.	If the previou	s question was an	swered yes, com	aplete the following questions.				
Was the fetus given the Yes No	best opportunity to survive?			us given the best of Yes No	opportunity to sur	rvive?				
	determination that the pregnant woma lure to avert death or serious impairme					pregnant woman had a condition erious impairment to the pregnant				
Date last normal menses l	began	Physician estima	te of gestation (i	n weeks)	Post fertilizati	ion age of the fetus (in weeks)				
	10/15/2017		9			7				
How were the gestational ULTRASOUND	age and post fertilization age determi	ned?								
Full name of physician pe	erforming termination									
DR. CASANDRA CASH	_	et. city. state, and zin	n code)							
	ROAD, INDIANAPOLIS, IN 46268	-								
**Date Reported to DO	CS, if Patient under 14 (month, day	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	me and Address TOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City or town,					County of pregnancy termination MARION				
	illed	egnancy termination	Educa		imb Cale - 1	I Dinlama ar CED				
Race American Indian or A Native Hawaiian or O		12/20/2017 ☐ Black or Af ☐ Other	rican American	Unknown Number now de	Ethnicity Hispan Not His	ic or Latino spanic or Latino Unknown				
Live Births:		0		Number of indu	iced termina	0				
Other Terminations:		0		rumoer or mac	acca termina	0				
1	o not include this termination. If mor	e than six (0), those	most recent.)	5		6				
Fetus delivered alive? Yes No	If yes, length of time fetus sur	vived:		■ N	Complicat	tion(s) of Pregnancy Termination Uterine Perforation				
Fetus viable? Yes No	If viable, medical reason for te	ermination:	Iı	Hemorrhage Infection Other (Specif	☐ Cervical Laceration ☐ Retained Products					
Pathological examination performed?	Pathological examination performed? If yes, results:									
				Yes						
	Type of Termination Procedures									
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Terr	minated Preg	gnancy				
Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medi	al) Misoprostol		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
For Medical (Surgical) pr	rocedures, answer the following ques	stion.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least lo	20 weeks?		us viable or have Yes	a post fertili	ization age at least 20 weeks?				
	was answered yes, complete the follo	wing questions.	_	_	nswered yes,	, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes No	opportunity	to survive?				
	determination that the pregnant wom lure to avert death or serious impairn					at the pregnant woman had a condition or serious impairment to the pregnant				
Date last normal menses	hegan	Physician estin	nate of gestation (i	in weeks)	Post ferti	ilization age of the fetus (in weeks)				
	10/11/2017		10		1 550 1010	8				
How were the gestational ULTRASOUND	age and post fertilization age determ	nined?								
Full name of physician po	=									
Address of physician per	forming termination (number and str ROAD, INDIANAPOLIS, IN 4626		zip code)							
220,02101711		- 								
**Date Reported to Do	CS, if Patient under 14 (month, da	y, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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		·										
Facility Name and Add PPIN-GEORGETOWN OR (PP		90 GEORGETOWN ROAD), INDIANAPOLIS,	IN, 46268	City or	town, of pregna	NAPOL			County of	pregnancy MAR	termination ION
D_4:4?			D-t- C		.:	F1	4:-					
Patient's age** 29	Married [d Yes • No	Date of pregn	ancy term 12/22/20		Educa	ition			ciate Deg	ree	
Race American Indian or Native Hawaiian or			Asian White	☐ Blac		an American	☐ Unl	known		, anic or Latin Hispanic or I		☐ Unknown
Live Births:	Nι	ımber now living	2				Numb	er now d		0		
Other Terminations:	Νι	umber of spontaneou					Numb	er of ind	uced termi			
Dates of terminations (,	**	ŕ	•					
	2.					4		5	Compli	nation(s) of I	6	Termination
Fetus delivered alive? Yes • No)	If yes, length of tir	ne fetus surviv	ed:					•	ation(s) of i	_	
								• 1	None] Uterine	Perforation
Fetus viable?		If viable, medical i	reason for term	ination:				☐ I	Hemorrhag	е 🗆] Cervical	Laceration
☐ Yes ■ No)							□ I	nfection] Retained	d Products
							☐ Other (Specify)					
Pathological examinati	on	If yes, results:										
performed?								D: 1.11		<u> </u>	1	11.40
☐ Yes ■ No								Yes			ncy result i	in a maternal death?
				Туре	of Termi	nation Procedu	res					
Procedure that Termina	ated Pr	regnancy				Additional P	rocedure	that Ter	minated Pr	egnancy		
Medical (Nonsurg	ical) l	Mifepristone				☐ Medical	(Nonsui	rgical) N	//////////////////////////////////////	e		
Medical (NonsurgMedical (Nonsurg	ical) I	Misoprostol				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
i wedicai (Nonsurg	,icai) (Stilet (Specify)				Wicalcan	(140lisus	igicai) C	other (spec	ijy)		
☐ Medical (Surgical ☐ Medical (Surgical									on Curetta strual Aspi			
Medical (Surgical									r (Specify)			
For Medical (Surgical)	proce	dures, answer the fol	lowing questio	n.		For Medical	(Surgica	l) proced	lures, answ	er the follow	ving questi	on.
Was the fetus viable		e a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous question		answered yes, compl	ete the followin	ng questio	ons.			_	nswered ye	es, complete	the follow	ing questions.
Was the fetus given t	he bes	•				Was the fet	us given	the best	·	y to survive		
☐ Yes ☐							Yes _] No				
What was the basis for that required the proc			_									n had a condition nt to the pregnant
woman?			r			woman?						r
Date last normal mense	_	nn 1 9/2017		Physicia	an estimat	e of gestation (in weeks	•)	Post fe	rtilization aş	ge of the fe	tus (in weeks)
How were the gestation			n age determin	ed?								
ULTRASOUND												
Fall a series of above	- - -											
Full name of physician DR. CASANDRA CA	SHMA	AN										
Address of physician p 8590 GEORGETOWN		-		, city, stai	te, and zip	code)						
**Date Reported to	DCS.	if Patient under 14	(month, dav.	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and Addre PPIN-GEORGETOWN OR (PPG	City or town,		ncy termination		County of pregnancy termination MARION				
			<u> </u>				<u> </u>		
35	arried Yes No	Date of pregnancy terr 12/22/20		Educat	ion		elor's Degree		
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Bla ■ White ☐ Oth	ck or African A	merican	Unknown		/ anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	Number now living	1			Number now o	leceased	0		
Other Terminations:	Number of spontaneou	is terminations			Number of inc	luced termin	nations 0		
Dates of terminations (D	I Oo not include this termin	ation. If more than six (6	(6), those most re	ecent.)					
1	1	3	4		5	Complia	cation(s) of Pregnanc	Tomnination	
Fetus delivered alive? ☐ Yes ■ No	If yes, length of ti	me fetus survived:				•	_		
						None	_	e Perforation	
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	e	cal Laceration	
☐ Yes ■ No						Infection	☐ Retair	ed Products	
						Other (Spec	cify)		
Pathological examination performed?	n If yes, results:								
Yes No					Did thi	s termination	on of pregnancy resu	It in a maternal death?	
					☐ Ye	es 🔳 No	0		
		Тур	e of Termination	n Procedur	res				
Procedure that Terminate	ed Pregnancy		Ad	ditional Pr	ocedure that Te	rminated Pr	regnancy		
Medical (Nonsurgic					(Nonsurgical) I				
Medical (NonsurgicMedical (Nonsurgic					(Nonsurgical) I (Nonsurgical) (
Madical (Surgical)	Sustian Cumattana		_	Madical	(Cumpical) Cust	ion Cumatta			
	Menstrual Aspiration			Medical	(Surgical) Suct (Surgical) Men	strual Aspin			
Medical (Surgical)	Other (Specify)			Medical	(Surgical) Othe	er (Specify)			
For Medical (Surgical) p	procedures, answer the fo	llowing question.	For	r Medical (Surgical) proce	dures, answ	ver the following que	stion.	
	have a post fertilization	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?					
☐ Yes ☐ N				_	Yes □ No				
If the previous question	was answered yes, compl	lete the following questi	ons. If t	he previou	s question was a	answered ye	es, complete the follo	wing questions.	
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	rive?	V		is given the besives \(\simeg \) No	t opportunit	ty to survive?		
		soment wemen had a co	ndition V		_	maination t	hat the mucanant war	on had a condition	
that required the proceed	determination that the pr dure to avert death or ser		regnant th	nat required			hat the pregnant won ath or serious impairs		
woman?			W	voman?					
Date last normal menses	began 10/24/2017	Physici	an estimate of g	gestation (i	n weeks)	Post fe	rtilization age of the	fetus (in weeks)	
How were the gestationa		n age determined?		-			0		
ULTRASOUND									
Full name of physician p									
Address of physician per	,		te, and zip code	2)					
8590 GEORGETOWN	RUAD, INDIANAPOL	13, IN 40208							
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add	Facility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City or town, of pregnancy termination County of pregnancy termination							
		0 = 10, 111, 10200		INDIAN	IAPOLIS	MA	ARION	
Patient's age** 31	Married ☐ Yes ■ No	Date of pregnancy terms		Educat		gh School Diploma or GE	D	
Race American Indian or Native Hawaiian or		Asian Black White Other		n American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino	Unknown	
Live Births:	Number now living	3			Number now de	0		
Other Terminations:	Number of spontaneous	0			Number of indu	ced terminations 0		
,	Do not include this terminat			,	5	6		
Fetus delivered alive? Yes No	If yes, length of tim				- N	Complication(s) of Pregnance		
Fetus viable? ☐ Yes ■ No	*	eason for termination:				fection Retain	cal Laceration	
Pathological examination	on If yes, results:					ther (Specify)		
performed? Yes No					Did this ☐ Yes	termination of pregnancy resu	lt in a maternal death?	
		Type	of Termin	ation Procedur	rec			
Procedure that Termina	ited Pregnancy	Туре	or rermin	Additional Pr		ninated Pregnancy		
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
	Suction Curettage Menstrual Aspiration Other (Specify)			Medical	(Surgical) Suction (Surgical) Mens (Surgical) Other	trual Aspiration		
For Medical (Surgical)	procedures, answer the follo	owing question.		For Medical (Surgical) proced	ures, answer the following que	stion.	
Was the fetus viable o	or have a post fertilization a No	ge at least 20 weeks?			us viable or have Yes	a post fertilization age at least	20 weeks?	
If the previous question	was answered yes, comple	te the following question	ns.	If the previou	s question was a	swered yes, complete the follo	owing questions.	
Was the fetus given th ☐ Yes ☐	ne best opportunity to surviv No	ve?			us given the best Yes \(\sime\) No	opportunity to survive?		
	or determination that the pre edure to avert death or serio					nination that the pregnant wor o avert death or serious impair		
Date last normal mense	es began	Physicia	n estimate	of gestation (i	n weeks)	Post fertilization age of the	fetus (in weeks)	
	11/11/2017			8		6	((()	
How were the gestation ULTRASOUND	al age and post fertilization	age determined?						
Full name of physician DR. CASANDRA CAS	SHMAN							
	erforming termination (num NOAD, INDIANAPOLIS		e, and zip o	code)				
**Date Reported to I	DCS, if Patient under 14	(month, day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and Addre	ess) - 8590 GEORGETOWN ROAD, IN	DIANAPOLIS, IN, 46268	City or tov	wn, of pregnar	ncy terminati	County of pregnancy termination MARION			
	arrica	ate of pregnancy termin		Educat	ion	041- 40	Mh. Na Dinlams		
Race American Indian or A Native Hawaiian or C		12/22/201¹ Asian ☐ Black White ■ Other	or African	American	Unknow	Ethnicity Hispa	th, No Diploma y anic or Latino Hispanic or Latino		
Live Births:	· ·	2					0		
Other Terminations:	Number of spontaneous te	0			Number of	induced termi	nations 0		
Dates of terminations (De	o not include this terminatio	•	those mosi	t recent.)		-			
Fetus delivered alive? Yes No	If yes, length of time to	fetus survived:	4			_	cation(s) of Pregnancy Termination Uterine Perforation		
Fetus viable? Yes No	If viable, medical reas	son for termination:				HemorrhagInfectionOther (Spec	Retained Products		
Pathological examination performed? Yes • No	If yes, results:					this termination	on of pregnancy result in a maternal death?		
	Type of Termination Procedures								
		Туре	of Termina	tion Procedur	es				
Procedure that Terminate	ed Pregnancy			Additional Pro	ocedure that	Terminated Pr	regnancy		
■ Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration				(Surgical) M	uction Curetta Ienstrual Aspi ther (Specify)			
For Medical (Surgical) pr	rocedures, answer the follow	ving question.	<u>-</u>	For Medical (Surgical) pro	cedures, answ	ver the following question.		
	have a post fertilization age			Was the fetu	0 /1	ave a post fer	tilization age at least 20 weeks?		
	was answered yes, complete	the following question	ns.	_	_		es, complete the following questions.		
Was the fetus given the	best opportunity to survive	?			is given the b		ty to survive?		
	determination that the pregn dure to avert death or serious						hat the pregnant woman had a condition ath or serious impairment to the pregnant		
Date last normal menses	hegan	Physician	n estimate o	of gestation (ii	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
	10/15/2017			10	/	1 350 10	8		
How were the gestational ULTRASOUND	How were the gestational age and post fertilization age determined? ILTRASOUND								
Full name of physician po	_								
Address of physician per	forming termination (number ROAD, INDIANAPOLIS, I		e, and zip co	ode)					
**Date Reported to Do	CS, if Patient under 14 (n	nonth, day, year):					-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address SIDNEY AND LOIS ESKENAZI HOSPITAL - 720 ESKENAZI AVE, INDIANAPOLIS, IN, 46202 INDIANAPOLIS City or town, of pregnancy termination INDIANAPOLIS MAR									gnancy termination MARION	
				INDIAN	IAI UL				MANUAL	
34	rried Yes No	Date of pregnancy terms		Educat	cion			or's Degree		
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	☐ Asian ☐ Black ■ White ☐ Other		n American		known	Not His	ic or Latino spanic or Latir	no 🔲 Unknow	⁄n
Live Births:	Number now living	1				er now d		0		
Other Terminations:	Number of spontaneou	s terminations 0			Numb	er of indu	uced termina	tions 0		
Dates of terminations (Da		•						<u> </u>		
		3	4.	•		5	Complicat		nancy Termination	
Fetus delivered alive? ☐ Yes ■ No	If yes, length of ti	me fetus survived:					•	_	•	
						■ N		_	terine Perforation	
Fetus viable?	If viable, medical	reason for termination:				∐ F	Hemorrhage		ervical Laceration	
☐ Yes ■ No						☐ I	nfection	☐ R	etained Products	
							Other (Specif	y)		
Pathological examination performed?	If yes, results:									
■ Yes □ No	PRODUCTS OF	CONCEPTION				Did this		of pregnancy	result in a maternal c	leath?
		Туре	of Termin	ation Procedur	es					
Procedure that Terminate	d Pregnancy	•		Additional Pr	ocedure	that Teri	minated Pres	mancy		
☐ Medical (Nonsurgica	•						lifepristone	,maney		
☐ Medical (Nonsurgica	al) Misoprostol			Medical	(Nonsu	rgical) N	1isoprostol	,		
☐ Medical (Nonsurgica	il) Other (<i>Specify</i>)			☐ Medical	(Nonsu	rgical) U	Other (Specify	·)		
Medical (Surgical)Medical (Surgical)				☐ Medical	(Surgica (Surgica)	al) Suctional) Mens	on Curettage strual Aspira	rion		
Medical (Surgical)							r (Specify)	1011		
For Medical (Surgical) pr	ocedures, answer the fo	llowing question.		For Medical (Surgica	l) proced	lures, answer	the following	question.	
Was the fetus viable or		age at least 20 weeks?		_	_	_	a post fertili	zation age at l	east 20 weeks?	
Yes N If the previous question w		ete the following question	ns	_	'es □	_	nswered ves	complete the	following questions.	
Was the fetus given the	best opportunity to surv			Was the fetu	ıs given	the best	opportunity	•	rono wing questions.	
☐ Yes ☐ N	О				es [No				
		regnant woman had a con- tious impairment to the pro							woman had a conditi pairment to the pregr	
Date last normal menses	•	Physicia	n estimate	of gestation (i	n weeks	:)	Post ferti	lization age of	the fetus (in weeks)	
How were the gestational	o9/22/2017 age and post fertilization	n age determined?		13					11	
ULTRASOUND		<u>-</u>								
Full name of physician po										
Address of physician perf	=		e, and zip o	code)						
8590 GEORGETOWN F	ROAD, INDIANAPOL	S, IN 46268								
**Date Reported to DO	CS, if Patient under 1	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and A SIDNEY AND LOIS ESKEN	City or town	ity or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION				
TO 10 10 10 10 10 10 10 10 10 10 10 10 10			D. C	• ,•	Б.					
Patient's age** 40	Maı	rried Yes No	Date of pregnancy term 12/22/201		Educa	tion	1		elor's Degree	
Race American Indian Native Hawaiian		her Pacific Islander	Asian Blac White Othe	k or African A	American		ıknown	■ Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:		Number now living	2			Numb	er now dec	ceased	0	
Other Terminations	s:	Number of spontaneou	us terminations 2			Numb	per of induc	ced termin	nations 0	
Dates of termination: 1. 2011	s (Do	not include this termina 2. 2012	ation. If more than six (6)		recent.)		5		6	
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complica	ation(s) of Pregnancy	y Termination
☐ Yes ■ 1	No						■ No	one	☐ Uterin	e Perforation
T : 110		70 : 11 1: 1					□ Не	emorrhage	e 🔲 Cervic	al Laceration
Fetus viable? Yes I	No	If viable, medical	reason for termination:				☐ Ini	fection	☐ Retain	ed Products
								her (Spec		
Pathological examina	ation	If yes, results:						нег (Брес	ijy)	
performed?	ation	if yes, results.								
☐ Yes ■ 1	No						Did this t	terminatio		t in a maternal death?
			Туре	of Termination	on Procedu	res				
Procedure that Term	inated	l Pregnancy		Ac	dditional Pr	ocedur	e that Term	inated Pro	egnancy	
☐ Medical (Nonsu	rgica	l) Mifepristone			Medical	(Nonsu	rgical) Mi	fepristone	e	
☐ Medical (Nonsu	rgica						rgical) Mi		(f _V)	
	igicu	i) Giller (Speegy)			Wiedicar	(1 tonsu	irgicui) Oti	ner (speci	937	
		uction Curettage Ienstrual Aspiration					cal) Suction (cal) Menstr			
Medical (Surgic							al) Other			
For Medical (Surgica	al) pro	ocedures, answer the fo	llowing question.	 Fo	or Medical (Surgica	al) procedu	res, answe	er the following ques	 stion.
	_	nave a post fertilization				_	_		ilization age at least 2	
☐ Yes [■ No)			_ `	Yes [No	•	C	
If the previous questi	ion w	as answered yes, compl	lete the following questio	ns. If	the previou	s quest	ion was ans	swered ye	s, complete the follo	wing questions.
Was the fetus giver ☐ Yes ☐		best opportunity to surv	rive?	1		us giver Yes [_	pportunit	y to survive?	
			regnant woman had a con						nat the pregnant wom	
that required the pr woman?	ocedi	are to avert death or ser	ious impairment to the pr		hat require woman?	d the pr	ocedure to	avert dea	th or serious impairn	nent to the pregnant
Date last normal mer	ises h	negan	Dhyeisis	n estimate of	gestation (n wool-	c)	Post for	rtilization age of the	fetus (in wooks)
Date last normal filer		08/26/2017	Filysicia	commate of	16	WEEK	•)	1 OST ICI	14	icus (iii weeks)
How were the gestati	ional	age and post fertilization	on age determined?					•		
Full name of physici	an pe	rforming termination								
DR. CAITLIN BERN	-	•								
	-	-	mber and street, city, stat	e, an <mark>d zip cod</mark>	'e)					
0090 GEORGEION	VN F	OAD, INDIANAPOL	13, IN 40208							
**Date Reported to	o DC	CS, if Patient under 1	4 (month, day, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and Add PPIN-GEORGETOWN OR (PP	City or t	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION					
<u> </u>											
Patient's age** 37	Marri	ied □ Yes ■ No	Date of pregn	nancy termi 12/19/201		Educa	tion			llege, No Degre	9
Race American Indian or Native Hawaiian or			Asian White	☐ Black		an American	☐ Un	ıknown		nic or Latino Hispanic or Latino	☐ Unknown
Live Births:	I	Number now living	1				Numb	per now d	eceased	0	
Other Terminations:	1	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations	
Dates of terminations (not include this termina 2. 2011	ation. If more t			ost recent.)		5		6	
Fetus delivered alive?		If yes, length of tir							Complic	ation(s) of Pregnan	acy Termination
☐ Yes ■ No)							■ N	None	☐ Uter	ine Perforation
								☐ F	Hemorrhage	e 🔲 Cerv	vical Laceration
Fetus viable? ☐ Yes ■ No)	If viable, medical	reason for term	nination:				Пі	nfection	□ Reta	ined Products
									Other (Spec	_	
Pathological examinati	on	If yes, results:							эшсі (Брес	ijy)	
performed?		ir yes, results.									
☐ Yes ■ No)							Did this			ult in a maternal death?
	•				•						
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone											
Medical (Nonsurg	ical)	Misoprostol				☐ Medical	(Nonsu	rgical) M	Aisoprostol Other (Speci		
in Medical (Nonsurg	icai)	Other (<i>specify</i>)				Wiedical	(INOIISU	irgicai) C	mer (speci	(JY)	
Medical (Surgical Medical (Surgical		ction Curettage enstrual Aspiration							on Curettag strual Aspir		
Medical (Surgical									r (Specify)		
For Medical (Surgical)	proc	cedures, answer the fol	lowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.
		we a post fertilization	age at least 20	weeks?					a post fert	ilization age at leas	t 20 weeks?
Yes If the previous question		s answered ves compl	ete the followi	ng question	16		Yes [_	nswered ve	es, complete the fol	lowing questions
•		est opportunity to surv		ng question	13.		•		•	y to survive?	iowing questions.
☐ Yes ☐		or off					Yes [-11	,	
		termination that the pr									oman had a condition
woman?	eaui	e to avert death or seri	ous impairmei	it to the pre	egnam	woman?	sa me pr	ocedure t	o avert dea	in or serious impai	rment to the pregnant
Date last normal mense		~		Physician	n estimate	e of gestation (in week:	s)	Post fe	rtilization age of th	e fetus (in weeks)
How were the		0/01/2017	n aga dat'	l ad?		11				9	
How were the gestation ULTRASOUND	nai a	ge anu post tertilizatio	n age uetermin	ieu !							
<u> </u>											
Full name of physician DR. CAITLIN BERNA	_	Forming termination									
Address of physician p	erfo			t, city, state	e, and zip	code)					
8590 GEORGETOW	N RC	DAD, INDIANAPOLI	S, IN 46268								
**Date Reported to	DCS	S, if Patient under 14	1 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462					City or	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
						T =						
Patient's age** 21	Ma	ried ☐ Yes ■ No	Date of pregn	ancy term 12/19/201		Educa	tion			ollege, No Degree		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	■ Not F	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	1				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6,), those m	ost recent.)				<u> </u>		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination	
☐ Fes ■ I	NO							■ 1	None	☐ Uterii	ne Perforation	
								□ I	Hemorrhage	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes I	No	If viable, medical	reason for term	ination:		☐ Infection ☐ Retained Products						
	10											
	Pathological examination If yes, results:								Other (Spec	cify)		
Pathological examin performed?	If yes, results:											
Yes •		Did this termination of pregnancy result in a maternal										
					☐ Yes)					
							1					
				Туре	of Termi	nation Procedu	res					
Procedure that Term	inate	1 Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	regnancy		
		•								•		
Medical (NonsuMedical (Nonsu									Aifepristone Aisoprostol			
		l) Other (Specify)							Other (Speci			
Madical (Symple	201) 6	vation Cumattaga				☐ Madical	(Cumaia)	1) Custi	on Cumatta			
Medical (Surgio	cal) N	Suction Curettage Menstrual Aspiration				Medical Medical	(Surgica	al) Sucu al) Mens	on Curettag strual Aspir	ge ration		
☐ Medical (Surgion	cal) (Other (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questic	on.		For Medical	Surgica	1) proced	lures, answ	er the following que	 stion.	
	_						_	_				
was the fetus viable Yes [nave a post fertilization	age at least 20	weeks?			us viabie Yes 🗀	_	a post tert	ilization age at least	20 weeks?	
If the previous quest	ion u	as answered yes, compl	lete the followi	na anestio	me	If the previou	is anesti	on was a	newered ve	es, complete the follo	owing questions	
1				ng quesno	115.		•		•	·	owing questions.	
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?			_	us given Yes 🗀	_	opportunit	y to survive?		
				1 1	11	_	_					
		letermination that the pa are to avert death or seri								hat the pregnant won th or serious impair	nan had a condition nent to the pregnant	
woman?			1			woman?	•				1 0	
Date last normal men	nsec 1	negan		Physicia	n estimat	e of gestation (in woobs)	Post for	rtilization age of the	fetus (in wooks)	
Date last normal mer		10/15/2017		Thysicie	ar estimat	9	n weeks	,	1 031 10	7	ictus (iii weeks)	
How were the gestat	ional	age and post fertilization	on age determin	ed?					1			
ULTRASOUND												
								_				
Full name of physici	an pe	rforming termination										
DR. CAITLIN BERI			, .			7 .						
	-	orming termination (number of the company of the co		t, city, stat	e, and zip	code)						
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	C	ounty of pregnancy term								
<u> </u>				INDIAN	IAFUL			WIARIU	•	
22	arried	Date of pregnancy term 12/19/201		Educat	tion	Hi		Diploma or GED		
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Othe	k or African r	American		known			Unknown	
Live Births:	Number now living	1				er now de		0		
Other Terminations:	Number of spontaneou	0			Numb	er of indu	aced terminati	ons 0		
		ation. If more than six (6,								
Fetus delivered alive? Yes No	If yes, length of tin		4			5	Vone	on(s) of Pregnancy Terr	mination foration	
Fetus viable? Yes No	If viable, medical	reason for termination:				☐ Ir	Hemorrhage Infection Other (Specify)	☐ Cervical La		
Pathological examination performed? Yes No	performed? ☐ Yes ■ No Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No									
		Туре	of Terminat	ion Procedur	es					
Procedure that Terminate	ed Pregnancy	J.				that Terr	minated Pregn	ancy		
Procedure that Terminated Pregnancy ■ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) Additional Procedure that Terminated Pregnancy ■ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgica	al) Mens	on Curettage strual Aspiration (Specify)	on		
For Medical (Surgical) p	rocedures, answer the fo	llowing question.		For Medical (Surgica	l) proced	ures, answer t	he following question.		
Was the fetus viable or Yes N	have a post fertilization No	age at least 20 weeks?		_	ıs viable Yes 🗀	_	a post fertiliz	ation age at least 20 we	eks?	
If the previous question	was answered yes, compl	lete the following questio	ns. I	f the previou	s questi	on was ar	nswered yes, o	complete the following	questions.	
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv Vo	rive?			ıs given Yes 🗀		opportunity to	survive?		
		regnant woman had a con ious impairment to the pr						the pregnant woman ha or serious impairment to		
Date last normal menses	•	Physicia	n estimate o		n weeks)	Post fertili	zation age of the fetus	(in weeks)	
How were the destationa	10/14/2017 Lage and post fertilization	on age determined?		7				5		
ULTRASOUND	How were the gestational age and post fertilization age determined? JLTRASOUND									
Full name of physician p										
Address of physician per 8590 GEORGETOWN	=	mber and street, city, stat IS, IN 46268	e, and zip co	de)						
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANA	POLIS, IN, 46268	or town, of pregna	ncy termination		County of pregnancy termination MARION			
Dationt's acaks	I Day of	nraananay ta	n 17.1	tion					
33	rried Date of ☐ Yes ■ No	pregnancy termination 12/19/2017	n Educa			ol Diploma or GED			
Race American Indian or A Native Hawaiian or O		=	frican American	Unknown		nic or Latino ispanic or Latino			
Live Births:	Number now living	3		Number now de		0			
Other Terminations:	Number of spontaneous termina			Number of indu	aced termina	-			
Dates of terminations (De	o not include this termination. If r		e most recent.)			v			
1	2 3		4	5		6			
Fetus delivered alive? Yes No	If yes, length of time fetus	survived:			Complica	ation(s) of Pregnancy Termination			
				■ N	Vone	☐ Uterine Perforation			
Fetus viable?	If viable, medical reason for	or termination:		— П	Iemorrhage	☐ Cervical Laceration			
Yes No	in vincie, incurent reason to			☐ Ir	nfection	☐ Retained Products			
					Other (Speci	fy)			
Pathological examination	If yes, results:			_		··			
performed?						0 1.1			
☐ Yes ■ No				Did this Yes		n of pregnancy result in a maternal death?			
Type of Termination Procedures									
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy									
	•		1_						
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical				(Nonsurgical) M (Nonsurgical) M					
Medical (Nonsurgical				(Nonsurgical) O		fy)			
Medical (Surgical) 3				(Surgical) Suction					
☐ Medical (Surgical) ☐ Medical (Surgical) ☐	Menstrual Aspiration Other (Specify)			(Surgical) Mens (Surgical) Other		ation			
(outgrout)	· (-r - 37)			,	(-r-293)				
For Madical (Symples)	rocaduras, answer the following	wastion	For Madias 1	(Surgical) **** 1	uras sesse	or the following question			
	rocedures, answer the following q					er the following question.			
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at lea o	ast 20 weeks?		us viable or have Yes No	a post fertil	lization age at least 20 weeks?			
If the previous question v	vas answered yes, complete the fo	ollowing questions.	If the previou	s question was ar	nswered yes	s, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes \(\sime\) No	opportunity	to survive?			
What was the basis for	determination that the pregnant w	oman had a condition	What was t	ne basis for deter	mination the	at the pregnant woman had a condition			
that required the proced	lure to avert death or serious impa		t that require			h or serious impairment to the pregnant			
woman?			woman?						
			•		1				
Date last normal menses	began UNKNOWN	Physician esti	mate of gestation (i	n weeks)	Post fert	tilization age of the fetus (in weeks) 5			
	age and post fertilization age det	ermined?	•			•			
ULTRASOUND									
Full name of physician po	_								
	forming termination (number and	street, city, state, and	zip code)						
1 7 1	ROAD, INDIANAPOLIS, IN 46								
**Date Reported to Do	CS, if Patient under 14 (month)	, day, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462					City or	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
						1 -							
Patient's age** 20	Mai	ried Yes I No	Date of pregn	ancy term 12/19/201		Educa	tion			ollege, No Degree			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Blac		an American		known	■ Not F	nnic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6), those m	ost recent.)				<u> </u>			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:				Complication(s) of Pregnancy Termination					
res • r	NO							■ N	None	☐ Uterii	ne Perforation		
								□ I	Hemorrhago	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	iination:				П	nfection	☐ Retain	ned Products		
						☐ Other (Specify)							
D-4h-1i1i-	If					Juner (Spec	uyy)						
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■		Did this termination of pregnancy result in a materi											
					☐ Yes	s 🔳 No	0						
				Туре	of Termi	nation Procedu	res						
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsui	rgical) N	//////////////////////////////////////	e			
Medical (Nonsu		l) Misoprostol l) Other (Specify)				☐ Medical	(Nonsur	rgical) M	Misoprostol Other (Speci				
Wedicai (Noilsu	ngica	i) Other (<i>specify</i>)					(INOIISUI	igicai) C	otilei (speci	ijy)			
		uction Curettage				Medical	(Surgica	al) Sucti	on Curettag	ge			
Medical (Surgio		Menstrual Aspiration Other (Specify)							strual Aspir r (Specify)	ration			
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
	le or l	nave a post fertilization	age at least 20	weeks?			us viable Yes	_	a post fert	ilization age at least	20 weeks?		
	_	as answered yes, comp	lete the follows	na auestio	ne	_	_	_	ncwered ve	es, complete the follo	owing questions		
1				₅ quesu0			•		•	•	ming questions.		
Was the fetus giver ☐ Yes ☐		best opportunity to surv	rive?				us given Yes □		opportunit	ty to survive?			
What was the basis	for	letermination that the pr	reanant woman	had a con	dition	What was f	he hacic	for deter	mination th	hat the pregnant wor	nan had a condition		
that required the pr		are to avert death or ser				that require					ment to the pregnant		
woman?						woman?							
_						<u>I</u>							
Date last normal mer		•		Physicia	ın estimat	e of gestation (in weeks)	Post fe	rtilization age of the	fetus (in weeks)		
How word the		09/28/2017	n aga dat'	ad2		12				10			
ULTRASOUND	ional	age and post fertilization	m age determin	eu :									
22	ZETRAGOGIA												
Full name of physici	an no	rforming termination											
DR. CAITLIN BERI	-	•											
	_	orming termination (num		t, city, stat	e, and zip	code)							
8590 GEORGETON	WN F	OAD, INDIANAPOL	IS, IN 46268										
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or town, of pregnancy termination INDIANAPOLIS County of pregnancy term MARION					
22	Mar	ried D Yes No	ate of pregnancy	termination 9/2017	Educa	Hiç		l Diploma or GED		
Race American Indian o				Black or Afric	can American			ic or Latino 🔲 Unknown		
Live Births:		Number now living	2			Number now dec	ceased	0		
Other Terminations		Number of spontaneous to				Number of induc	ced termina	ntions		
Dates of terminations	(Do	not include this termination	on. If more than s	ix (6), those m	ost recent.)			0		
1		2	3		4	5		6		
Fetus delivered alive?		If yes, length of time	fetus survived:				Complicat	tion(s) of Pregnancy Termination		
☐ Yes ■ N	lo					■ No	one	☐ Uterine Perforation		
						П н	emorrhage	Cervical Laceration		
Fetus viable?		If viable, medical reas	son for termination	on:			Ü	_		
☐ Yes ■ N	Ю					∐ Ini	fection	Retained Products		
						☐ Ot	ther (Specif	(y)		
Pathological examina	tion	If yes, results:								
performed? ☐ Yes ■ N	Jo					Did this	tormination	of pregnancy result in a maternal death?		
	10					Yes	■ No	ror pregnancy result in a maternar death?		
Type of Termination Procedures										
				Type of Termi						
Procedure that Termin	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy									
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone										
☐ Medical (Nonsur Medical (Nonsur		l) Misoprostol l) Other (<i>Specify</i>)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
_ `	0	, (1 33)				, ,	(1 33	**		
Medical (Surgical		uction Curettage Ienstrual Aspiration				(Surgical) Suction (Surgical) Menstr				
Medical (Surgical Medical Medical (Surgical Medical					Medical	(Surgical) Other	ruai Aspira (Specify)	tion		
For Medical (Surgical	I) pro	ocedures, answer the follow	ving question.		For Medical ((Surgical) procedu	res, answei	r the following question.		
		ave a post fertilization age	at least 20 week	s?			post fertili	ization age at least 20 weeks?		
☐ Yes ■] No)				Yes No				
If the previous question	on w	as answered yes, complete	the following qu	estions.	If the previou	is question was ans	swered yes	, complete the following questions.		
Was the fetus given ☐ Yes ☐		pest opportunity to survive	?			us given the best o	pportunity	to survive?		
	_		ont mon1 1	o conditi-		_	inctic- 1	at the pregnant woman had a condition		
		etermination that the pregrare to avert death or serious						or serious impairment to the pregnant		
woman?					woman?					
Date last normal men	ses h	egan	Phy	vsician estimat	e of gestation (i	in weeks)	Post fert	ilization age of the fetus (in weeks)		
Date hast normal men		0/26/2017	1,	ysician estimat	8	n weeks)	1 ost rere	6		
How were the gestation	onal	age and post fertilization a	ge determined?							
ULTRASOUND										
Full name of physicia DR. CAITLIN BERN	_	_								
		orming termination (number	er and street, city	, state, and zip	code)					
	-	OAD, INDIANAPOLIS,		•						
**Date Reported to	DC	S, if Patient under 14 (r	nonth, day, year)):						

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Facility Name and Addr PPIN-GEORGETOWN OR (PPG	ress ii) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or town,		ncy termination		County of pregnancy termination MARION			
<u> </u>			<u> </u>							
30	arried Yes No	Date of pregnancy term 12/19/20		Educat	ion		ociate Degree			
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blace ☐ White ☐ Other	ck or African Am er	nerican	☐ Unknown		/ anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	2			Number now d	leceased	0			
Other Terminations:	Number of spontaneou	us terminations 0			Number of ind	uced termin	nations 0			
Dates of terminations (L	Oo not include this termin	ation. If more than six (6), those most rec	cent.)			<u> </u>			
1		3	4		5	Complie	cation(s) of Pregnanc	y Termination		
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:				•	_			
					1		_	ne Perforation		
Fetus viable?	If viable, medical	reason for termination:				Hemorrhage	e ∐ Cervi	cal Laceration		
☐ Yes ■ No				☐ Infection ☐ Retained Products						
						Other (Spec	cify)			
Pathological examinatio performed?	If yes, results:									
Yes No								It in a maternal death?		
					☐ Ye	s 🔳 No	0			
		Тур	e of Termination	Procedur	es					
Procedure that Terminat	red Pregnancy		Add	litional Pro	ocedure that Ter	minated Pr	regnancy			
☐ Medical (Nonsurgio					(Nonsurgical) Nonsurgical) N					
Medical (Nonsurgio					(Nonsurgical) (
Medical (Surgical)	Suction Curettage			Medical ((Surgical) Sucti	ion Curetta	ge			
	Menstrual Aspiration			Medical ((Surgical) Mens (Surgical) Othe	strual Aspii				
	Office (Specify)			Medical (Surgical) Sales (Specify)						
EM-di1 (Ci1)	procedures, answer the fo	11		M - 4:1 //	C:1)	1	ver the following que			
Was the fetus viable of ☐ Yes ☐ 1	r have a post fertilization No	age at least 20 weeks?	W		is viable or have es	e a post fert	tilization age at least	20 weeks?		
If the previous question	was answered yes, comp	lete the following question	ons. If th	ne previous	s question was a	nswered ye	es, complete the follo	wing questions.		
Was the fetus given the	e best opportunity to surv	rive?	W	as the fetu	s given the best	opportunit	ty to survive?			
☐ Yes ☐ 1					es No		,			
	determination that the pr						hat the pregnant won			
woman?	dure to avert death or ser	ious impairment to the p	-	at required oman?	the procedure t	to avert dea	nth or serious impairr	nent to the pregnant		
Date last normal menses	s began	Physici	an estimate of ge	estation (in	ı weeks)	Post fe	rtilization age of the	fetus (in weeks)		
	10/24/2017			8			6			
How were the gestationa ULTRASOUND	al age and post fertilization	on age determined?								
Full name of physician p	-									
	rforming termination (nu.	mber and street, city, sta	te, and zip code))						
8590 GEORGETOWN	· ·									
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year):					-			

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Facility Name and Add PPIN-GEORGETOWN OR (PP	City or t	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION						
<u> </u>						••				<u></u>		
Patient's age** 26	Aarried	Yes • No	Date of pregn	nancy termin 12/19/2017		Educa	tion			llege, No Degre	е	
Race American Indian or Native Hawaiian or			Asian White	☐ Black		an American	☐ Un	known		nic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	Nur	nber now living		_				er now d		0	_	
Other Terminations:	Nur	nber of spontaneou	s terminations 0				Numb	per of ind	uced termir			
Dates of terminations (i	Do not i			. , ,		ost recent.)						
Fetus delivered alive?		If yes, length of tir				4		5	Complic	ation(s) of Pregnar	ncy Termination	
☐ Yes ■ No		, , ,						■ N	None	☐ Utei	rine Perforation	
								_ 	Hemorrhage	— P. □ Cerv	vical Laceration	
Fetus viable? ☐ Yes ■ No		If viable, medical i	reason for term	nination:					C	_		
☐ ies 🖃 No						☐ Infection ☐ Retained Products						
Data ta ta ta		If yes, results:							Other (Spec	ify)		
Pathological examination performed?												
☐ Yes ■ No)							Did this			ult in a maternal death?	
								5 🗀 110	,			
Type of Termination Procedures												
Procedure that Termina	ited Pre	gnancv		71 :		Additional P		e that Ter	minated Pr	egnancv		
		-										
Medical (NonsurgiMedical (Nonsurgi	ical) M	isoprostol					(Nonsu	rgical) M	Aifepristone Aisoprostol			
☐ Medical (Nonsurgi	ical) O	ther (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)		
Medical (Surgical)									on Curettag			
☐ Medical (Surgical) ☐ Medical (Surgical)									strual Aspir r (<i>Specify)</i>	ation		
For Medical (Surgical)	procedi	ures, answer the fol	lowing questic	on.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable of		a post fertilization	age at least 20	weeks?					a post ferti	ilization age at leas	st 20 weeks?	
☐ Yes ☐						_	Yes [
If the previous question				ng question	IS.	-	•		•	es, complete the fol	lowing questions.	
Was the fetus given th ☐ Yes ☐		opportunity to surv	ive?				us giver Yes [opportunit	y to survive?		
What was the basis fo											oman had a condition	
that required the proce woman?	edure to	avert death or seri	ous impairmer	nt to the pre	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impai	rment to the pregnant	
Date last normal mense	es began	1		Physician	n estimate	e of gestation (in weeks	s)	Post fer	rtilization age of th	e fetus (in weeks)	
		1/2017				10				8		
How were the gestation ULTRASOUND	nal age a	and post fertilization	n age determin	ned?								
Full name of physician DR. CAITLIN BERNA	-	ning termination										
Address of physician po	erformi			t, city, state	, and zip	code)						
8590 GEORGETOWN	ROAI	D, INDIANAPOLI	S, IN 46268									
**Date Reported to I	DCS, it	f Patient under 14	1 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and A PPIN-GEORGETOWN OR (ddres (PPGI)	S • 8590 GEORGETOWN ROAD), INDIANAPOLIS,	, IN, 46268	City or t		ncy termination		County of pregnan	ncy termination ARION		
Patient's age** 37	Mar	ried Yes I No	Date of pregr	nancy termin		Educat	tion		ollege, No Degree	•		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black ☐ Other		an American	Unknown	Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	0				Number now	leceased	0			
Other Terminations		Number of spontaneou	1				Number of inc	luced termi	inations 1			
Dates of termination	s (Do	not include this termino 2. UNKNOWN	ation. If more t			ost recent.)	f.)					
Fetus delivered alive		If yes, length of tir						Complia	cation(s) of Pregnan	cy Termination		
☐ Yes ■ 1	No						■	None	Uter	ine Perforation		
F. 11.0		TC : 11 1: 1	<u> </u>	· ,·				Hemorrhag	ge 🔲 Cerv	ical Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				Infection	☐ Reta	ined Products		
☐ Other (Spe												
Pathological examina	ation	If yes, results:					_					
performed? Yes No Did this termination of pregnancy result in a maternal dea										ult in a maternal death?		
☐ Yes ■ No ☐ Did this termination of p☐ Yes ■ No										uit iii a matemai deadi :		
				Туре	of Termin	nation Procedur	res					
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that Te	rminated Pr	regnancy			
Medical (Nonsu Medical (Nonsu							(Nonsurgical) I					
		Other (Specify)					(Nonsurgical)					
Medical (Surgice)	al) S	uction Curettage					(Surgical) Suct					
☐ Medical (Surgic ☐ Medical (Surgic		Ienstrual Aspiration other (Specify)					(Surgical) Men (Surgical) Othe					
								. 1				
For Medical (Surgica	al) pro	ocedures, answer the fol	lowing question	on.		For Medical (Surgical) procedures, answer the following question.						
		ave a post fertilization	age at least 20	weeks?				e a post fer	tilization age at leas	t 20 weeks?		
☐ Yes [_	Yes No					
		as answered yes, compl		ng question	S.	•	•	•	es, complete the following	lowing questions.		
	n the l	pest opportunity to surv	ive?				us given the bes Yes \(\sime\) No	t opportuni	ty to survive?			
		etermination that the pr								man had a condition		
woman?	ocedi	ire to avert death or seri	ous impairmei	nt to the pre	gnant	woman?	d the procedure	to avert dea	ath or serious impair	rment to the pregnant		
Date last normal mer		•		Physician	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)		
How were the gestati		9/01/2017 age and post fertilizatio	n age determin	ned?		11			9			
ULTRASOUND												
Full name of physicion DR. CAITLIN BERN												
	-	orming termination (nur		t, city, state,	, and zip	code)						
8590 GEORGETOV	WN R	OAD, INDIANAPOLI	5, IN 46268									
**Date Reported to	**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add	iress PGI) - 85	590 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION	
Potiont's ass**	_	<u>, </u>	Data of	anay tag	tion	T7.1	tion			
Patient's age** 32	Marrie [ed Yes • No	Date of pregn	nancy termina 12/19/2017	ition	Educat	tion		ociate Degree	
Race American Indian or Native Hawaiian or	Othe		Asian White	Black or Other	r Afric	an American	Unknown Number now d	■ Not I	y anic or Latino Hispanic or Latino	
Live Births:			2						0	
Other Terminations:		umber of spontaneous	2				Number of ind	uced termi	nations 3	
Dates of terminations (ot include this termina 2011	tion. If more t			ost recent.) 4. 2007	51	2/2015	6	
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ved:				Compli	cation(s) of Pregnancy Termination	
☐ Yes ■ No)						1	None	☐ Uterine Perforation	
Fetus viable?		Tf -: -1-14:1		-:4:			I	Hemorrhag	ge Cervical Laceration	
Yes No)	If viable, medical r	eason for term	imation:				nfection	☐ Retained Products	
								Other (Spec	cify)	
Pathological examination										
performed? ☐ Yes ■ No Did this termination of pregnancy result in a maternal death?										
☐ Yes No ☐ No ☐ Yes No ☐ No										
				Type of	Termi	nation Procedur	res			
Procedure that Termina	ated P	regnancy				Additional Pr	ocedure that Ter	minated Pr	regnancy	
Medical (Nonsurg							(Nonsurgical) N			
☐ Medical (Nonsurg☐ Medical (Nonsurg							(Nonsurgical) N (Nonsurgical) C			
Medical (Surgical)) Suc	tion Curettage				☐ Medical	(Surgical) Sucti	on Curetta	nge	
Medical (Surgical Medical (Surgical) Mei	nstrual Aspiration				☐ Medical	(Surgical) Mens (Surgical) Other	strual Aspi	ration	
ivicaleur (Burgicur)) Oui	ci (specijy)				Wiedlean	(Burgicar) Ourc	(вресцу)		
For Medical (Surgical)		aduras, answer the fell	lowing questic			For Modical ((Surgical) proces	luras answ	ver the following question.	
, ,	•		0 1							
Was the fetus viable o ☐ Yes ■		e a post tertifization a	ige at least 20	weeks?			Yes No	a post ter	tilization age at least 20 weeks?	
If the previous question	n was	answered yes, comple	ete the followi	ng questions.		If the previou	s question was a	nswered y	es, complete the following questions.	
Was the fetus given t		st opportunity to survi	ve?				us given the best Yes	opportuni	ty to survive?	
What was the basis for		ermination that the pre	egnant woman	had a conditi	ion	_	_	mination t	hat the pregnant woman had a condition	
that required the proc woman?									ath or serious impairment to the pregnant	
woman :						woman:				
Date last normal mense	es hea	an		Physician e	estimate	e of gestation (i	in weeks)	Post fa	ertilization age of the fetus (in weeks)	
	10/	24/2017				8		1 031 10	6	
How were the gestation	nal ag	e and post fertilization	n age determin	ned?						
CETRAGOGIAD	JETRASOUND									
Full name of physician DR. CAITLIN BERNA		orming termination								
Address of physician p	erforr	-		t, city, state, a	and zip	code)				
8590 GEORGETOWN	N RO	AD, INDIANAPOLIS	S, IN 46268							
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):									

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410						City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termination LAKE			
Patient's age** 21	Mar		No	Date of pregna	ncy termi 2/20/201		Educa	tion			ollege, No Degree			
Race American Indian Native Hawaiian				☐ Asian ☐ White	Black		n American		ıknown	■ Not F	nnic or Latino Hispanic or Latino			
Live Births:		Number now liv	ving	0				Numb	ber now deceased 0					
Other Termination	s:	Number of spor	ntaneou	is terminations 0				Numb	per of ind	uced termin	nations 0			
Dates of termination	s (Do			ation. If more th			t recent.)		5		6.			
Fetus delivered alive				me fetus survive						Complication(s) of Pregnancy Termination				
☐ Yes ■ I	No								■ None ☐ Uterine Perforation					
Fetus viable?		If viable, m	edical	reason for termi	nation:				☐ Hemorrhage ☐ Cervical Laceration					
Yes I	No	11 (14616, 14	- Cultural Control Control					☐ Infection ☐ Retained Products						
									Other (Spec	eify)				
Pathological examin performed?	ation	If yes, resul	lts:											
Yes •	No								Did thi		on of pregnancy result in a maternal death?			
									те	S <u> </u>	U.			
					Туре	of Termina	ntion Procedu	res						
Procedure that Term	inated	Pregnancy			•		Additional P	rocedure	e that Ter	minated Pr	regnancy			
☐ Medical (Nonsu	ırgical) Mifepristone					☐ Medical	(Nonsu	rgical) N	/lifepristone	e			
☐ Medical (Nonsu ☐ Medical (Nonsu	ırgical ırgical) Misoprostol) Other (Specify	v)				■ Medical	(Nonsu	rgical) N	Misoprostol Other (Speci				
									,					
Medical (Surgional Control Contro	al) Si	uction Curettage	······				☐ Medical	(Surgic	al) Sucti	on Curettag	ge			
Medical (Surgio	al) M	lenstrual Aspira					■ Medical	(Surgic	al) Mens	strual Aspir r (Specify)				
1	ĺ	1 337					_	` "	,	1 337				
For Medical (Surgical	al) pro	cedures, answer	the fo	llowing question	1.		For Medical	(Surgica	al) proced	lures, answ	er the following question.			
Was the fetus viable	_						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	■ No						_	Yes [•	·			
If the previous quest	ion wa	as answered yes.	, comp	lete the followin	g question	ıs.	If the previou	is questi	ion was a	nswered ye	es, complete the following questions.			
Was the fetus given Yes			to surv	rive?				us giver Yes [opportunit	ty to survive?			
What was the basis											hat the pregnant woman had a condition			
that required the pr woman?	ocedu	re to avert death	or ser	ious impairment	to the pre	egnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impairment to the pregnant			
Date last normal men		-			Physician	n estimate	of gestation (in weeks	s)	Post fer	rtilization age of the fetus (in weeks)			
How were the gestat		0/22/2017 age and post fert	tilizatio	n age determine	ed?		8				6			
ULTRASOUND														
Full name of physici DR. MANDY GITTL	_	forming termina	ation											
Address of physician		- C			•	e, and zip c	ode)							
8645 CONNECTIC	urs	IKEET, MERR	(ILLVI	LLE, IN 46410										
**Date Reported to DCS, if Patient under 14 (month, day, year):														

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS ERRILLVILLE - 8645 CONNECTION	City	y or town, of pregna		County of preg	gnancy termination					
MERRILLVILLE, IN, 46410	ERRILLVILLE - 8043 CUNNECTIO	JOI SIREEI,	MERR	LAKE							
35	urried D	Pate of pregnancy termination 12/20/2017	on Educa	ition	Bachelor's Degree						
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	Asian Black or A White Other	African American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latir	no 🔲 Unknown					
Live Births:	Number now living	3		Number now d	0						
Other Terminations:	Number of spontaneous t	1		Number of ind	uced terminations						
Dates of terminations (Do		on. If more than six (6), tho.		5.	6.						
Fetus delivered alive? Yes No	If yes, length of time			• 1	Complication(s) of Preg						
Fetus viable? Yes No	If viable, medical rea	son for termination:				Pervical Laceration detained Products					
Pathological examination performed?	If yes, results:			Did thi ☐ Ye		result in a maternal death?					
		Type of T	armination Proceeds	ras							
Drogadura that Tamilia	d Pragnonov	Type of To	Additional Procedu		minated Program						
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica	Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		☐ Medical	(Surgical) Sucti (Surgical) Mena (Surgical) Othe	strual Aspiration						
For Medical (Surgical) pr	rocedures, answer the follow	wing question.	For Medical	(Surgical) proced	lures, answer the following	question.					
Was the fetus viable or ☐ Yes ■ N	have a post fertilization ago	e at least 20 weeks?		us viable or have Yes	a post fertilization age at l	east 20 weeks?					
If the previous question v	vas answered yes, complete	the following questions.	If the previou	is question was a	nswered yes, complete the	following questions.					
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive	?		us given the best Yes \(\Boxed{\text{No}}\) No	opportunity to survive?						
		nant woman had a condition s impairment to the pregnan			mination that the pregnant o avert death or serious im						
Date last normal menses	began	Physician est	imate of gestation (in weeks)	Post fertilization age of	f the fetus (in weeks)					
	10/03/2017 age and post fertilization a	ge determined?	10			8					
ULTRASOUND											
Full name of physician po	erforming termination										
	forming termination (number STREET, MERRILLVILL	er and street, city, state, and E, IN 46410	d zip code)								
**Date Reported to Do	CS, if Patient under 14 (a	month, day, year):									

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MER	RRILLVILLE - 8645 CONNE	CTICUT STREET,	City or tov	City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					•		
Patient's age**	Marr	ied	Date of pregnancy term	nination	Educat	tion						
30	Ivian	Yes No	12/20/20						ollege, No Degr	ee		
Race American Indian Native Hawaiian	or Oth		Asian Blac White Other	k or African er	American	Unk	anown er now d	■ Not I	y anic or Latino Hispanic or Latino	Unknown		
Live Births:		Number of spontaneo	us terminations			Numbe	er of ind	uced termi	0 nations			
Other Termination Dates of termination	3.		1 nation. If more than six (6) those most	t recent.)				0			
1. 2016			3	,	4 5 6							
Fetus delivered alive		If yes, length of ti	me fetus survived:					Compli	cation(s) of Pregn	ancy Termination		
l les	INO						• 1	None	☐ Ut	erine Perforation		
Fetus viable?		If viable, medical	reason for termination:				☐ I	Hemorrhag	ge 🗌 Ce	ervical Laceration		
Yes •	No	11 (14010, 111001041	104 00 11 101 101 111				□ I	nfection	☐ Re	etained Products		
								Other (Spec	cify)			
Pathological examin	ation	If yes, results:										
performed?	No						Did this	s terminati	on of pregnancy r	esult in a maternal death?		
							☐ Yes					
			Туре	of Termina	tion Procedur	res						
Procedure that Term	inated	Pregnancy		1	Additional Pr	ocedure	that Ter	minated Pr	regnancy			
Medical (NonsuMedical (Nonsu				1 3				Mifepriston Misoprosto				
		Other (Specify)		j				Other (Spec				
Medical (Surgio				1 3	Medical (Surgical) Suction Curettage							
☐ Medical (Surgion Med		enstrual Aspiration ther (Specify)		1 3	☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) pro	cedures, answer the fo	ollowing question.	_i	For Medical (Surgical) procedures, answer the following question.							
	_		age at least 20 weeks?						tilization age at le	•		
Yes [_	rve a post fortingation	age at least 20 weeks.			res		u post rer	imzatron ago at re	ust 20 weeks.		
If the previous quest	ion wa	s answered yes, comp	elete the following question	ons.	If the previou	s questic	on was a	nswered y	es, complete the f	ollowing questions.		
	n the b	est opportunity to sur	vive?			us given Yes 🔲		opportuni	ty to survive?			
			regnant woman had a contious impairment to the pr							voman had a condition airment to the pregnant		
woman?	. Journ	a. cit doddi oi sol	impairment to the pi	-5	woman?	c p10	. Jeaule l	uvoit do	or serious imp			
Date last normal me		-	Physicia	an estimate o	of gestation (i	n weeks))	Post fe	_	the fetus (in weeks)		
		0/28/2017 ge and post fertilization	on age determined?		7					<u> </u>		
ULTRASOUND												
Full name of physici	an ner	forming termination										
DR. MANDY GITTI	LER											
	-	rming termination (nu	mber and street, city, stat	te, and zip co	ode)							
2010		,										
**Date Reported t						_						

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		SS ERRILLVILLE - 8645 CONNEC		City or town, of pregnancy termination MERRILLVILLE County of pregna					cy termination AKE					
l march and a second			ъ			T = -								
Patient's age** 28	Mai	rried Yes I No	Date of pregna	ancy termir 12/20/2017		Educa	ition	н		ol Diploma or GE	D			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black ☐ Other		an American		ıknown	■ Not I	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	us terminations				Numb	per of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termin	ation. If more th	han six (6),	those me	ost recent.)	l							
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:					Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■ I	NO							• 1	None	☐ Uterir	ne Perforation			
								I	Hemorrhag	e 🔲 Cervi	cal Laceration			
Fetus viable? Yes I	No.	If viable, medical	reason for term	ination:					nfection	□ Patair	ned Products			
	NO							_			led 1 loducts			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did this	s termination	on of pregnancy resu	It in a maternal death?			
_								☐ Yes						
				Туре	of Termin	nation Procedu	res							
Procedure that Term	inate	1 Pregnancy				Additional P	rocedure	e that Tar	minated De	regnancy				
_										•				
☐ Medical (Nonsu☐ Medical (Nonsu									Aifepriston Aisoprostol					
		l) Other (Specify)							Other (Spec					
Madical (Surgic	vo1) S	Suction Curettage				Medical (Surgical) Suction Curettage								
Medical (Surgio	al) N	Menstrual Aspiration				Medical (Surgical) Menstrual Aspiration								
☐ Medical (Surgion	cal) (Other (Specify)				Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.								
	_													
	e or i	nave a post fertilization	age at least 20 v	weeks?			us viabl	_	a post tert	ilization age at least	20 weeks?			
If the previous quest	ion w	as answered yes, compl	lete the followir	no question	s	If the previou	is allest	ion was a	nswered ve	es, complete the follo	owing questions			
				ing question		-	•		•	•	wing questions.			
Was the fetus given ☐ Yes ☐		best opportunity to surv	vive?				us giveı Yes [_	opportunit	ty to survive?				
		letermination that the pr	ragnent	had a - 1	iticz	_	_		minati- 1	hat the mas	oon had a co4!4!			
		are to avert death or seri								hat the pregnant won hth or serious impairs				
woman?						woman?								
Date last normal men	nses l	pegan	-	Physician	estimate	e of gestation (in week	s)	Post fe	rtilization age of the	fetus (in weeks)			
	•	10/12/2017				11				9				
	ional	age and post fertilization	on age determine	ed?	_		_	_						
ULTRASOUND														
	-	rforming termination			_		_	_						
DR. MANDY GITTL		orming termination (nu	mhar and atuant	t city state	and sin	code)								
	-	TREET, MERRILLVI			, ана хір	coue)								
		·	· · · · · · · · · · · · · · · · · · ·											
delet .		NG 16D	4.											
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day, y	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Patient's age**	1 / -	rried	Date of pregnancy term	ination	Educa	tion						
22	Mai	Yes No	12/20/201		Educa		High Scho	ool Diploma or GED	ı			
Race American Indian Native Hawaiian Live Births:			■ White ☐ Othe	k or African .	American		Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown Der now deceased					
		Number of spontaneou	0 as terminations									
Other Termination			0 ation. If more than six (6)	those most	racant)			0				
1	s (<i>D</i> 0		3		тесені.)		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy	Termination			
☐ Yes ■ I	No						■ None	☐ Uterine	Perforation			
							Hemorrhag	ge 🔲 Cervica	al Laceration			
Fetus viable? Yes I	No.	If viable, medical	reason for termination:				☐ Infection	☐ Retaine	ed Products			
							_		110000			
D-4h -1i1i-	_4:	If					Other (Spe	cify)				
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No						Did this terminati	on of pregnancy result	in a maternal death?			
							les l	0				
			Туре	of Terminati	ion Procedu	res						
Procedure that Term	inate	d Pregnancy		A	Additional Pr	ocedure	e that Terminated P	regnancy				
☐ Medical (Nonsu	ırgica	l) Mifepristone		I	☐ Medical	(Nonsu	rgical) Mifepristor	ne				
☐ Medical (Nonsu	ırgica				Medical	(Nonsu	rgical) Misoprosto	1				
Wedicar (140iise	iigica	i) Other (Specify)		L		(140fisu	rigicar) Other (spec	·(y)				
		Suction Curettage Menstrual Aspiration					eal) Suction Curetta eal) Menstrual Aspi					
Medical (Surgio							cal) Other (Specify)					
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question.		or Medical (Surgica	al) procedures, ansv	ver the following quest	ion.			
	_	nave a post fertilization				_	_	tilization age at least 2				
	■ N		age at least 20 weeks:			Yes [unzation age at least 2	o weeks:			
If the previous quest	ion w	as answered yes, compl	lete the following questio	ns. If	f the previou	s quest	ion was answered y	es, complete the follow	ving questions.			
Was the fetus given	n the	best opportunity to surv	rive?		Was the fett	us givei	n the best opportuni	ty to survive?				
☐ Yes [] No)			□ Y	Yes [☐ No	•				
			regnant woman had a con					hat the pregnant woma				
woman?	ocea	ure to avert death or ser	ious impairment to the pr	-	woman?	u tne pr	ocedure to avert de	ath or serious impairm	ent to the pregnant			
Date last normal men	nses l	pegan	Physicia	n estimate of	f gestation (i	n week	s) Post fe	ertilization age of the f	etus (in weeks)			
	(09/07/2017			9			7	. (
=	ional	age and post fertilization	n age determined?									
ULTRASOUND												
Fall and Colored												
Full name of physici DR. MANDY GITTL	-	rforming termination										
	-	-	mber and street, city, stat	e, and zip cod	de)							
8645 CONNECTIC	UT S	TREET, MERRILLVI	LLE, IN 46410									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day, year):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	RILLVILLE - 8645 CONNEC	CTICUT STREET,		City or to	or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE								
Patient's age** 27	Marrie [ed Yes • No	Date of pregna	ancy termi		Educa	tion		ool Diploma or G	ED			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		n American	☐ Un		y panic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	N	umber now living	2				Numb	er now deceased	0				
Other Termination	ъ.	fumber of spontaneou	is terminations				Numb	per of induced term					
Dates of termination 1. 2010	s (Do no	ot include this termin	ation. If more th	nan six (6)	, those mo	st recent.)		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Compli	cation(s) of Pregna	ncy Termination			
	NO							None	☐ Ute	rine Perforation			
Fetus viable?		If viable, medical	reason for termi	ination:				☐ Hemorrhag	ge 🗌 Cer	vical Laceration			
☐ Yes ■ I	No							☐ Infection	Ret	ained Products			
								Other (Spe	ecify)				
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No							Did this terminati ☐ Yes ■ N		sult in a maternal death?			
				Type	of Termin	ation Procedur	res						
Procedure that Term	inated P	regnancy				Additional Pr	ocedure	e that Terminated P	regnancy				
Medical (NonsuMedical (Nonsu	ırgical)	Misoprostol				Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto	ol				
☐ Medical (Nonsu	ırgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) Other (Spec	cify)				
☐ Medical (Surgion Med	cal) Mer	nstrual Aspiration				Medical	(Surgic	al) Suction Curettaal) Menstrual Aspal) Other (Specify)	iration				
Wedical (Surgic	ai) Our	ег (Бресцу)				Medicar	(Surgic	ai) Other (Specify)	'				
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	n.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab ☐ Yes [_	ve a post fertilization	age at least 20 v	weeks?		_	us viabl	_ *	tilization age at lea	st 20 weeks?			
If the previous quest	ion was	answered yes, compl	lete the followin	ng question	ns.	If the previou	s questi	ion was answered y	ves, complete the fo	llowing questions.			
Was the fetus giver ☐ Yes [st opportunity to surv	rive?				us given Yes [the best opportuni	ity to survive?				
		ermination that the protect to avert death or seri								oman had a condition irment to the pregnant			
Date last normal men	nses beg	an	<u> </u>	Physicia	n estimate	of gestation (i	n weeks	s) Post fo	ertilization age of the	ne fetus (in weeks)			
	UN	KNOWN		•		7		,	5				
How were the gestat ULTRASOUND	ional ag	e and post fertilization	n age determine	ed?									
Full name of physici DR. MANDY GITTL	-	orming termination											
Address of physician 8645 CONNECTIC	_	-			e, and zip o	code)							
	J. JIN	,XXILEVI	, 70710										
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	RILLVILLE - 8645 CONNEC	TICUT STREET,	City or	town, of pregna	ncy terminat LLVILLE	County of pregnancy termination LAKE				
Patient's age** 30	Marrie [ed Yes • No	Date of pregnancy te		Educa	tion		ollege, No Degree			
Race American Indian Native Hawaiian			Asian Bl		can American	Unknow		/ anic or Latino Hispanic or Latino ☐ Unknown			
Live Births:	N	umber now living	3				w deceased	0			
Other Termination	s: N	umber of spontaneou	s terminations 0			Number of	induced termi	nations 0			
Dates of termination			ation. If more than six				5	6			
Fetus delivered alive	e?	If yes, length of tin					Complia	cation(s) of Pregnancy Termination			
☐ Yes ■ 1	No					•	None	☐ Uterine Perforation			
Fetus viable?		If viable medical	reason for termination				Hemorrhag	e Cervical Laceration			
Yes I	No	ii viaore, medicar	reason for termination	•			Infection	☐ Retained Products			
						Other (Specify)					
Pathological examin	ation	If yes, results:									
Yes •	No				Did this termination of pregnancy result in a maternal deal Yes No						
						<u> L</u>	Yes 🔳 N	0			
			Ту	pe of Term	ination Procedu	res					
Procedure that Term	inated P	regnancy	<u> </u>		Additional Pr	ocedure that	Terminated Pr	regnancy			
☐ Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsurgical	l) Mifepriston	e			
Medical (Nonsu	ırgical)	Misoprostol				(Nonsurgical	l) Misoprostol l) Other (Spec	l			
	8,	(-F 0))				(8	, (.				
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) S	Suction Curetta	ge			
	cal) Mei	nstrual Aspiration			☐ Medical	(Surgical) N	Menstrual Aspi Other (Specify)				
	,	(~p 95)									
For Medical (Surgic	al) proce	edures, answer the fol	lowing question.		For Medical (Surgical) pro	ocedures, answ	ver the following question.			
			age at least 20 weeks?					cilization age at least 20 weeks?			
☐ Yes [■ No	•			Y	Yes No)	-			
			ete the following ques	tions.		_		es, complete the following questions.			
Was the fetus give Yes [st opportunity to surv	ive'?			us given the l	best opportuni	ty to survive?			
			egnant woman had a cook impairment to the					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?			1	1 0	woman?	1					
					1		<u>, </u>				
Date last normal me	-	an KNOWN	Physi	cian estima	te of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks) 6			
How were the gestat ULTRASOUND			n age determined?				1				
JETHAOOOND											
Full name of physici	_	orming termination									
Address of physician	n perform	-	nber and street, city, s	tate, and zip	p code)						
8645 CONNECTIC	UT STF	REET, MERRILLVII	LE, IN 46410								
**Date Reported t	to DCS,	, if Patient under 14	1 (month, day, year): _					-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	SS ERRILLVILLE - 8645 CONNEC	City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					*						
Patient's age**	Mai	rried	Date of pregnancy term	ination	Educa	tion							
27	1 v1 d	Yes No	12/20/201				9th-12th, No Diploma						
Race American Indian Native Hawaiian			Asian Black White Othe	k or African	American	_	Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown Unknown						
Live Births:		Number of spontaneou	5			0 nations							
Other Termination			0	\\		rvuiii	oci oi muc	icca terrini	0				
Dates of termination	s (<i>Do</i>		ation. If more than six (6,		t recent.)		5.		6.				
Fetus delivered alive	?	If yes, length of ti						Complic	cation(s) of Pregnancy	Termination			
☐ Yes ■ I	No						■ N	lone	☐ Uterin	e Perforation			
							Пн	Iemorrhag	e \square Cervic	al Laceration			
Fetus viable? Yes I	No.	If viable, medical	reason for termination:					nfection		ed Products			
L les E l	NO									ed Floducts			
		70						Other (Spec	eify)				
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No						Did this			t in a maternal death?			
								<u> </u>	,				
			Туре	of Termina	tion Procedur	es							
Procedure that Term	inate	d Pregnancy			Additional Pr	ocedure	e that Terr	ninated Pr	regnancy				
☐ Medical (Nonsu	ırgica	l) Mifepristone			☐ Medical	(Nonsu	ırgical) M	Iifepriston	e				
☐ Medical (Nonsu	ırgica				Medical	(Nonsu	rgical) M	lisoprostol ther (Spec					
Wedicar (140iise	irgica	i) Other (Specify)			iviculear	(1voiisu	ingicai) O	ther (Spec	99)				
		Suction Curettage Menstrual Aspiration						on Curetta; trual Aspii					
Medical (Surgio				ļi	Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question.	<u>-</u>	For Medical (Surgica	al) proced	ures, answ	er the following ques	tion.			
	le or l	nave a post fertilization	age at least 20 weeks?			us viabl Yes [a post fert	ilization age at least 2	20 weeks?			
	_		lete the following questio	ns.	_		_	nswered ye	es, complete the follo	wing questions.			
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?		_	us givei Yes [_	opportunit	y to survive?				
What was the basis	for c	letermination that the p	regnant woman had a con	dition			_	mination tl	hat the pregnant wom	an had a condition			
that required the pr			ious impairment to the pr		that require				th or serious impairn				
woman?					woman?								
Date last normal men		oegan 10/06/2017	Physicia	ın estimate o	of gestation (i	n week.	s)	Post fe	rtilization age of the	etus (in weeks)			
How were the gestat		age and post fertilization	on age determined?						<u> </u>				
ULTRASOUND													
	-	rforming termination											
Address of physician		orming termination (nu	mber and street, city, stat	e, and zin co	ode)								
	-	TREET, MERRILLVI		,									
**Date Reported t	CS, if Patient under 1						-						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF ME	SS ERRILLVILLE - 8645 CONNEC	City	or town, of pre	gnancy ter		County of pregnancy termination LAKE					
Patient's age** 29	Mai	rried Yes No	Date of pregna	ncy termination 2/20/2017	i Ed	ucation	н		ol Diploma or GED			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ☐ White	■ Black or At	frican America	☐ U₁	nknown	Not I	anic or Latino Hispanic or Latino			
Live Births:		Number now living	3			Num	ber now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations			Num	ber of indu	iced termii	nations 1			
Dates of termination _{1.} 2009	s (Do	not include this termino	ation. If more the	an six (6), those	e most recent.)		5.		6.			
Fetus delivered alive	?	If yes, length of tir		d:				Complic	cation(s) of Pregnancy Termination			
☐ Yes ■ I	No				■ None ☐ Uterine Perfor							
Fetus viable?		If viable, medical i	eason for termin	nation:								
☐ Yes ■ I	No				☐ Infection ☐ Retained Products							
					Other (Specify)							
Pathological examin performed?	ation	If yes, results:										
Yes •	No								on of pregnancy result in a maternal death?			
					☐ Yes ■ No							
				Type of Ter	mination Proce	edures						
Procedure that Term	inate	l Pregnancy			Additiona	l Procedui	e that Ten	minated Pr	regnancy			
☐ Medical (Nonsu	ırgica	l) Mifepristone			☐ Medi	cal (Nons	urgical) M	lifepriston	e			
	ırgica				☐ Medi	cal (Nonsi	urgical) M	lisoprostol				
iviedicai (Nolist	iigica	i) Other (<i>specify</i>)			Medical (Nonsurgical) Other (Specify)							
		fuction Curettage Menstrual Aspiration						on Curetta				
Medical (Surgio							cal) Menstrual Aspiration cal) Other (Specify)					
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing question		For Medic	For Medical (Surgical) procedures, answer the following question.						
		nave a post fertilization a					. 1		ilization age at least 20 weeks?			
	■ N		ige at least 20 w	CCRS:		Yes [a post tert	inization age at least 20 weeks:			
If the previous quest	ion w	as answered yes, comple	ete the following	g questions.	If the prev	ious ques	tion was a	nswered ye	es, complete the following questions.			
Was the fetus given ☐ Yes ☐		best opportunity to survi	ve?			fetus give Yes [opportunit	ry to survive?			
		letermination that the pr							hat the pregnant woman had a condition			
woman?	ocedi	are to avert death or seri	ous impairment	to the pregnant	woman?		rocedure t	o avert dea	ath or serious impairment to the pregnant			
Data last mass-1	ngas 1	AAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	T	Dhyginian'	note of as-t-t	m (i · · · · · · · · · · · · · · · · ·	ra)	Doct f	etilization ago of the fature (in the Late)			
Date last normal men		oegan 1 0/23/2017		Physician estin	nate of gestatio	n (in week	is)	Post le	rtilization age of the fetus (in weeks) 10			
=	ional	age and post fertilization	n age determine	d?				1				
ULTRASOUND	SETTAGOORD											
Full name of physici	an pe	rforming termination										
DR. MANDY GITTL			, .	•								
	-	orming termination (num		city, state, and	zıp code)							
		,										
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410						City or town, of pregnancy termination MERRILLVILLE County of pregn					County of pregnancy termination LAKE			
Patient's age** 28	Mar		■ No	Date of pregna	ancy termi 12/20/201		Educat	tion			th, No Diploma			
Race American Indian Native Hawaiian				☐ Asian ■ White	☐ Black	or African	American		known	■ Not F	inic or Latino Iispanic or Latino Unknown			
Live Births:		Number now	living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of s	pontaneou	is terminations				Numb	nations 0					
Dates of termination	s (Do			ation. If more th			t recent.)		5		6.			
Fetus delivered alive				me fetus survive						Complication(s) of Pregnancy Termination				
☐ Yes ■ I	No								■ None ☐ Uterine Perforation					
Fetus viable?		If viable	. medical	reason for term	ination:				☐ Hemorrhage ☐ Cervical Laceration					
Yes I	No		, modrour	104,001,101,101111					☐ Infection ☐ Retained Products					
										Other (Spec	ify)			
Pathological examin performed?	ation	If yes, re	esults:											
Yes •	No								Did this		on of pregnancy result in a maternal death?			
					i es	S 🛅 INC)							
					Type	of Termina	tion Procedur	res						
Procedure that Term	inated	Pregnancy			• •		Additional Pr	ocedure	that Ter	minated Pr	egnancy			
☐ Medical (Nonsu	ırgical) Mifepristor	ne				☐ Medical	(Nonsu	rgical) M	lifepristone	e			
☐ Medical (Nonsu ☐ Medical (Nonsu	ırgical ırgical) Misoprosto) Other (Spec	ol cify)				Medical	(Nonsu	rgical) M	Aisoprostol Other (Speci				
		, , ,							,		•			
Medical (Surgional Control Contro	al) S	uction Curetta	age				☐ Medical	(Surgical	al) Sucti	on Curettag	ge			
Medical (Surgio	al) M	Ienstrual Asp	iration				Medical	(Surgical	al) Mens	strual Aspir r (<i>Specify</i>)				
1	ĺ	(1 33)					_	` .	,	1 337				
For Medical (Surgical	al) pro	cedures, ansv	wer the fo	llowing question	n.		For Medical (Surgica	ıl) proced	lures, answ	er the following question.			
Was the fetus viable	_							_	_		ilization age at least 20 weeks?			
	■ No						_	Yes [_	•	· ·			
If the previous quest		·	•		ng questior	ns.	•	•		•	es, complete the following questions.			
Was the fetus given Yes			ity to surv	rive?				us given Yes 🗀		opportunit	y to survive?			
What was the basis											nat the pregnant woman had a condition			
that required the pr woman?	oceau	re to avert de	eatn or ser	ious impairmen	t to the pre	egnant	woman?	a tne pro	ocedure t	o avert dea	th or serious impairment to the pregnant			
Date last normal men		_			Physician	n estimate o	of gestation (i	n weeks	s)	Post fer	rtilization age of the fetus (in weeks)			
How were the gestat		nKNOWN age and post f	fertilizatio	n age determin	ed?		12				10			
ULTRASOUND														
Full name of physici DR. MANDY GITTL	-	torming term	unation											
Address of physician		U	*			e, and zip co	ode)							
8645 CONNECTIC	טו צ	IKEEI, MEI	KKILLVI	∟∟⊏, IN 46410										
**Date Reported to DCS, if Patient under 14 (month, day, year):														

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410						City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					County of pregnancy termination LAKE		
Patient's age** 17	Mar	ried Yes	■ No	Date of pregn	ancy termi 12/20/201		Educa	tion			th, No Diploma		
Race American Indian Native Hawaiian				☐ Asian ■ White	☐ Black		n American	☐ Un	known	Ethnicity Hispa Not H	nnic or Latino Hispanic or Latino		
Live Births:		Number r	now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number o	of spontaneo	us terminations 0				Numb	er of ind	uced termin			
Dates of termination	s (Do			nation. If more th	, ,		st recent.)		5		6.		
Fetus delivered alive	?			me fetus surviv							eation(s) of Pregnancy Termination		
☐ Yes ■ I	No								• 1	None	☐ Uterine Perforation		
Fetus viable?		If via	hle medical	reason for term	ination:		☐ Hemorrhage ☐ Cervical Laceration						
Yes I	No	li via	oie, medicai	reason for term	iniation.				_ I	nfection	☐ Retained Products		
							☐ Other (Specify)						
Pathological examination performed? If yes, results:													
Yes No											on of pregnancy result in a maternal death?		
									☐ Ye	s 🔳 No)		
Type of T							ation Procedu	res					
Procedure that Terminated Pregnancy							Additional Pr	ocedure	e that Ter	minated Pr	egnancy		
☐ Medical (Nonsu	ırgical	l) Mifepri	stone				☐ Medical	(Nonsu	rgical) N	/lifepriston	e		
Medical (Nonsu Medical (Nonsu	ırgical	l) Misopro	ostol				■ Medical	(Nonsu	rgical) N	Aisoprostol Other (Spec			
_ `	Ü	,	1 337										
Medical (Surgional Control Contro	al) S	uction Cur	ettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge		
Medical (Surgio	al) N	Ienstrual A	Aspiration				■ Medical	(Surgic	al) Mens	strual Aspii r (<i>Specif</i> y)			
1		· 1	327				_			1 337			
For Medical (Surgical	al) pro	ocedures, a	inswer the fo	ollowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following question.		
Was the fetus viable	_						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	■ No						_	Yes [_	•	· ·		
If the previous quest					ng question	ns.	•	•		•	es, complete the following questions.		
Was the fetus given ☐ Yes [tunity to sur	vive?				us giver Yes [opportunit	y to survive?		
What was the basis that required the pr											hat the pregnant woman had a condition the or serious impairment to the pregnant		
woman?	occur	ne to aver	death of ser	rous impairmen	it to the pro	- Smart	woman?	a the pr	occurre	o avert dea	an or serious impairment to the pregnant		
Date last normal men		egan 19/20/201	7		Physicia	n estimate	of gestation (i	n weeks	5)	Post fe	rtilization age of the fetus (in weeks) 10		
How were the gestat				on age determin	ed?								
ULTRASOUND													
Full name of physici	an per	rforming to	ermination										
DR. MANDY GITTLER Address of physician performing termination (number and street, city, state, and street)							.						
Address of physician 8645 CONNECTIC		_	•			e, and zip c	rode)						
**Date Reported to DCS, if Patient under 14 (month, day, year):											-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410	ress MERRILLVILLE - 8645 CONNE	CTICUT STREET,	City or town, o		ncy termination		County of pregnancy termination LAKE				
Patient's age**	Manuic d	Date of pregnancy term	nination	Educat	ion						
29	farried ☐ Yes ■ No	12/20/20		Luucai		igh Scho	ol Diploma or GEI	D			
Race American Indian or Native Hawaiian or		☐ Asian ☐ Blace ☐ Oth	ck or African Ame	erican	☐ Unknown		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	2			Number now d	eceased	0				
Other Terminations:	Number of spontaneo	us terminations 0			Number of indu	uced termin	nations 0				
Dates of terminations (Do not include this termi	,	**	ent.)							
I		3	4		5	Complic	eation(s) of Pregnanc	y Termination			
Fetus delivered alive? Yes No		ime fetus survived:				•	_				
				■ None ☐ Uterine Perforation							
Fetus viable?	,	reason for termination:				Hemorrhage	_	cal Laceration			
☐ Yes ■ No						nfection	☐ Retair	ed Products			
						Other (Spec	cify)				
Pathological examination performed?	on If yes, results:										
Yes No				Did this termination of pregnancy result in a maternal dear							
				☐ Yes ■ No							
		Тур	e of Termination l	Procedur	es						
Procedure that Termina	ted Pregnancy		Addi	tional Pr	ocedure that Ter	minated Pr	regnancy				
Medical (Nonsurgi					(Nonsurgical) M						
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi	ical) Misoprostol ical) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)	Suction Curettage			Medical	(Surgical) Sucti	on Curetta	ge				
☐ Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical) Mens	trual Aspii					
Medical (Surgical)	Otner (Specify)			☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical)	procedures, answer the fe	ollowing question.	For M	Medical (Surgical) proced	ures, answ	er the following que	stion.			
Was the fetus viable o ☐ Yes ■	or have a post fertilization	age at least 20 weeks?	Wa		ıs viable or have Zes □ No	a post fert	ilization age at least	20 weeks?			
		1. 1. 6.11	TC .1	_		,	1				
If the previous question	was answered yes, comp	olete the following question	ons. If the	previou	s question was a	nswered ye	es, complete the follo	wing questions.			
Was the fetus given th ☐ Yes ☐	ne best opportunity to sur No	vive?	Wa		is given the best es No	opportunit	y to survive?				
What was the basis fo	or determination that the p	regnant woman had a co	ndition Wh	at was th	e hasis for deter	mination th	hat the pregnant won	nan had a condition			
that required the proc	edure to avert death or se		regnant that	t required			th or serious impairs				
woman?			Wor	man?							
		1				1-					
Date last normal mense	es began 10/20/2017	Physici	an estimate of ges	station (ii B	n weeks)	Post fe	rtilization age of the	fetus (in weeks)			
How were the gestation	al age and post fertilizati	on age determined?				1					
ULTRASOUND											
Full name of physician DR. MANDY GITTLE	performing termination										
	erforming termination (na	umber and street, city, sta	te, and zip code)								
8645 CONNECTICUT	STREET, MERRILLV	ILLE, IN 46410									
white a second											
**Date Reported to I	DCS, if Patient under	4 (month, day, year):					_				

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		City or town, of pregnancy termination MERRILLVILLE				County of pregnancy termination LAKE						
Patient's age** 27	Marı	ied Yes I No	Date of pregna	ncy termi 2/20/201		Educa	tion		nool Diploma or GED			
Race American Indian Native Hawaiian	or Oth	ner Pacific Islander	☐ Asian ☐ White	Black	or African A	merican		known 🔳 No	ity panic or Latino t Hispanic or Latino			
Live Births:		Number now living	5				Numb	er now deceased	0			
Other Termination	5.	Number of spontaneo	1				Numb	per of induced term	ninations 1			
Dates of termination 1. 2017	s (<i>Do</i> :	not include this termi 2. UNKNOWN	nation. If more the	an six (6),	those most re	ecent.)		5	6			
Fetus delivered alive		If yes, length of	time fetus survive	ed:				Comp	lication(s) of Pregnancy Termination			
	.10							None	☐ Uterine Perforation			
Fetus viable?		If viable, medica	l reason for termin	nation:		☐ Hemorrhage ☐ Cervical Laceration						
☐ Yes ■ No						☐ Infection ☐ Retained Products						
						Other (Specify)						
Pathological examin performed?	If yes, results:											
☐ Yes ■ No						Did this termination of pregnancy result in a maternal death Yes No						
	Type of T											
Procedure that Term	Pregnancy			Ado	ditional Pı	ocedure	e that Terminated	Pregnancy				
☐ Medical (Nonsu	ırgical) Mifepristone						rgical) Mifepristo				
☐ Medical (Nonsu ☐ Medical (Nonsu) Misoprostol) Other (Specify)						rgical) Misoprost rgical) Other (Sp.				
Medical (Surgional Control Contro	al) Su	iction Curettage			— 	Medical	(Surgic	al) Suction Curet	tage			
	al) M	enstrual Aspiration				Medical	(Surgic	al) Menstrual Asj	piration			
1	, -	(-1 - 33)										
For Medical (Surgical	al) pro	cedures, answer the f	ollowing question	 1.	 For	· Medical (Surgica	al) procedures, ans	swer the following question.			
	_	ave a post fertilization					_	_	ertilization age at least 20 weeks?			
	■ No		n age at least 20 W	veeks.	"	_	Yes [Attinzation age at least 20 weeks.			
If the previous quest	ion wa	is answered yes, com	plete the following	g question	is. If the	he previou	ıs questi	ion was answered	yes, complete the following questions.			
Was the fetus given Yes		est opportunity to sur	rvive?		W		us giver Yes [the best opportuing No	nity to survive?			
		etermination that the							that the pregnant woman had a condition			
woman?	oceau	re to avert death or se	erious impairment	to the pre	_	at require oman?	a tne pr	ocedure to avert d	eath or serious impairment to the pregnant			
Date last normal men		•		Physician	n estimate of g		in weeks	r) Post	fertilization age of the fetus (in weeks)			
How were the gestat		0/17/2017 age and post fertilizat	ion age determine	ed?		8			6			
ULTRASOUND												
T.II. C.I.		6										
Full name of physician performing termination DR. MANDY GITTLER												
Address of physician 8645 CONNECTIC					, and zip code	?)						
JUNE CONTRACTION	J 1 J	INCET, WILKNILLY	, 114 404 10									
**Date Reported t	S, if Patient under	14 (month, day, y	ear):					_				

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		RRILLVILLE - 8645 CONNEC	TICUT STREET,	City o		ancy termination	County of pregnancy termination				
MERRILLVILLE, IN, 46410					IVIENN		LAKE				
Patient's age** 19	Mar	ried Yes I No		ancy termination	Educa		ligh School Diploma or GED				
Race American Indian Native Hawaiian			Asian White	Black or Afr	ican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino	'n			
Live Births:		Number now living	0			Number now d	leceased 0				
Other Terminations	s:	Number of spontaneou				Number of ind	uced terminations 0				
		not include this termino	U	* **	<i>'</i>		6				
Fetus delivered alive		If yes, length of tir			4	3	Complication(s) of Pregnancy Termination				
☐ Yes ■ N	No	J 10, 10				None Uterine Perforation					
					☐ Hemorrhage ☐ Cervical Lacer						
Fetus viable?	. T	If viable, medical i	reason for term	ination:			_				
☐ Yes ■ N	NO				☐ Infection ☐ Retained Products						
							Other (Specify)				
Pathological examina performed?											
Yes I	No				Did this termination of pregnancy result in a materi						
						☐ Ye	s No				
				Type of Terr	mination Procedu	ıres					
Procedure that Termi	inated	Pregnancy		71			minated Pregnancy				
☐ Medical (Nonsu☐ Medical (No	rgical) Misoprostol			☐ Medical	(Nonsurgical) N (Nonsurgical) N	Misoprostol				
Medical (Nonsu	rgical	Other (Specify)			Medical (Nonsurgical) Misoprostor Medical (Nonsurgical) Other (Specify)						
Medical (Surgic						(Surgical) Sucti					
☐ Medical (Surgic ☐ Medical (Surgic		lenstrual Aspiration ther (Specify)				(Surgical) Mens (Surgical) Othe					
For Medical (Surgica	al) pro	cedures, answer the fol	lowing question	on.	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viabl ☐ Yes ☐		ave a post fertilization	age at least 20	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
	_	as answered yes, compl	ete the followi	ng questions.		_	unswered yes, complete the following questions.				
Was the fetus giver ☐ Yes ☐		est opportunity to surv	ive?			tus given the best Yes \(\sime\) No	opportunity to survive?				
				L.J. WY		_	multipation about the control of the				
that required the pr		etermination that the pr re to avert death or seri			that require		rmination that the pregnant woman had a conditi to avert death or serious impairment to the pregn				
woman?					woman?						
Data lest nover-1	2000 1	ogan		Dhysisiant'	ata of cost-ti	in macha)	Doot fartilization and of the feture (in 12)				
Date last normal mer		egan NKNOWN		rnysician estim	ate of gestation (in weeks)	Post fertilization age of the fetus (in weeks) 6				
_	ional	age and post fertilization	n age determin	ed?							
ULTRASOUND	ILTRASOUND										
Full name of physicia		forming termination									
	perfo	orming termination (nur			ip code)						
8645 CONNECTIC	UT S	TREET, MERRILLVII	LE, IN 4641	0							
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):							

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Facility Name and Addre PLANNED PARENTHOOD OF N	ess Merrillville - 8645 conn	NECTICUT STREET,	City or to	wn, of pregna	ncy termin	County of pregnancy termination LAKE				
Patient's age** Ma	arried	Date of pregnancy term	nination	Educat	ion					
20 Race	Yes No	12/20/20	17			High Scho	ool Diploma or GED			
☐ American Indian or A☐ Native Hawaiian or C		☐ Asian ☐ Blace ☐ White ☐ Other	k or African er	American	☐ Unkno	Hisp	anic or Latino Hispanic or Latino Unknown			
Live Births:	Number now living	1			Number	now deceased	0			
Other Terminations:	Number of spontane	eous terminations 0			Number	of induced termi	inations 0			
Dates of terminations (D	o not include this term	ination. If more than six (6), those mos	t recent.)		5	6			
Fetus delivered alive?		time fetus survived:				Compli	cation(s) of Pregnancy Termination			
☐ Yes ■ No						None	☐ Uterine Perforation			
Fetus viable?	If viable medic	al reason for termination:	☐ Hemorrhage ☐ Cervical Laceration							
Yes No	ii viable, medic	ai reason for termination.				☐ Infection	☐ Retained Products			
						Other (Spe	cify)			
Pathological examination performed?	n If yes, results:									
Yes No				Did this termination of pregnancy result in a maternal Yes No						
					<u> </u> L	_ Yes ■ N	0			
Type of Termination Procedures										
Procedure that Terminate	ed Pregnancy	- , , ,				nat Terminated P	regnancy			
☐ Medical (Nonsurgic						cal) Mifepristor				
Medical (Nonsurgic	al) Misoprostol			☐ Medical	(Nonsurgi	cal) Misoprosto	1			
	ar) Other (Specify)									
Medical (Surgical)	Suction Curettage			☐ Medical	(Surgical)	Suction Curetta	nge -			
	Menstrual Aspiration			Medical	(Surgical)	Menstrual Aspi	iration			
i Wedicai (Suigicai)	Other (Specify)			☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical) p	rocedures answer the	following question		For Medical (Surgical) procedures, answer the following question.						
		on age at least 20 weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes N		an age at rouse 20 weeks			es 🔲 1		annual age at roust 20 weeks.			
If the previous question	was answered yes, con	nplete the following question	ons.	If the previou	s question	was answered y	es, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N		rvive?			is given th	ne best opportuni No	ty to survive?			
		pregnant woman had a cor					that the pregnant woman had a condition			
that required the proceed woman?	dure to avert death or s	erious impairment to the pr	regnant	that required woman?	the proce	edure to avert de	ath or serious impairment to the pregnant			
Date last normal menses	began 09/26/2017	Physicia	an estimate o	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
How were the gestationa		tion age determined?		14			10			
ULTRASOUND	ULTRASOUND									
Full name of physician p	Full name of physician performing termination									
DR. MANDY GITTLER	- -									
Address of physician per 8645 CONNECTICUT 9	-	number and street, city, star VILLE, IN 46410	te, and zip c	ode)						
**Date Reported to DCS, if Patient under 14 (month, day, year):										

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Facility Name and Addre PLANNED PARENTHOOD OF M MERRILLVILLE, IN, 46410	ess IERRILLVILLE - 8645 CONNECTICUT	STREET,	City or town, of preg	nancy terminati	County of pregnancy termination LAKE					
Datient's**	l n	of magazine	otion In	nation						
32	arried Date ☐ Yes ■ No	of pregnancy termina 12/20/2017	ation Edu	cation		ollege, No Degree				
Race American Indian or A Native Hawaiian or C		=	or African American	Unknow		anic or Latino Hispanic or Latino				
Live Births:	Number now living	0		Number no	w deceased	0				
Other Terminations:	Number of spontaneous term	ninations		Number of	induced termi	nations 0				
Dates of terminations (De	l o not include this termination.	If more than six (6), the	hose most recent.)			0				
1	2	3	4	<u>-</u>	5	6				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fet	us survived:			Compli	cation(s) of Pregnancy Termination				
l les - No				■	None	Uterine Perforation				
Fetus viable?	If viable, medical reason	o for termination:] Hemorrhag	e Cervical Laceration				
Yes No	ii viable, medicai reasor	i for termination.	☐ Infection ☐ Retained Products							
					Other (Spec	cify)				
Pathological examination	ı If yes, results:				outer (spec	-4977				
performed?	11 900, 10001101									
☐ Yes ■ No			Did this termination of pregnancy result in a maternal ☐ Yes ■ No							
		Type of	Termination Proceed	lures						
Procedure that T	ad Dragnanov	- JPC 01			Tarminate 1 P	ragnancy				
Procedure that Terminate	ed Pregnancy		Additional	Procedure that	Terminated Pi	regnancy				
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical Me				al (Nonsurgical al (Nonsurgical						
Medical (Nonsurgic				al (Nonsurgical						
Medical (Surgical)	Suction Curettage		Medic	al (Surgical) Su	uction Curetta	ge				
	Menstrual Aspiration		☐ Medic	al (Surgical) M	Ienstrual Aspi					
i Medicai (Surgicai)	Other (<i>Specify</i>)		☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical) p	rocedures, answer the followin	g question.	For Medica	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at	least 20 weeks?		etus viable or h Yes		tilization age at least 20 weeks?				
	was answered yes, complete the	e following questions.		_		es, complete the following questions.				
•	best opportunity to survive?	0.1	_	etus given the b	·					
☐ Yes ☐ N				Yes No						
	determination that the pregnan dure to avert death or serious ir					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?	dure to avert death of serious if	iipairment to the pregi	woman?	red the procedu	re to avert dea	am or serious impairment to the pregnant				
Date last normal menses	began	Physician 6	estimate of gestation	(in weeks)	Post fe	ertilization age of the fetus (in weeks)				
	10/27/2017		8	,		6				
=	l age and post fertilization age	determined?								
ULTRASOUND										
Full name of physician p	Full name of physician performing termination									
DR. MANDY GITTLER	_									
	forming termination (number of		and zip code)							
0040 CUNNECTICUT	STREET, MERRILLVILLE,	IIN 404 IU								
**Date Reported to D	**Date Reported to DCS, if Patient under 14 (month, day, year):									

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Facility Name and Addr PLANNED PARENTHOOD OF M MERRILLVILLE, IN, 46410		CTICUT STREET,	City or town, of	pregnancy te			County of pregnancy termination LAKE				
Patient's age** M	omiod I	Date of pregnancy term	nination	Education							
33 M	arried ☐ Yes ■ No	12/20/20		Laucation		Bache	elor's Degree				
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blac ■ White ☐ Other	ek or African Amer er		Jnknown		nic or Latino lispanic or Latino	☐ Unknown			
Live Births:	Number now living	2		Nun	nber now de	eceased	0				
Other Terminations:	Number of spontaneou	s terminations 0		Nun	nber of indu	ced termin	nations 0				
Dates of terminations (D		,	· ·	nt.)							
I		3	4		5	Complic	ation(s) of Pregnanc	v Termination			
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survivea:				•	_				
				■ None ☐ Uterine Perforation							
Fetus viable?	If viable, medical	reason for termination:			Т Ц н	emorrhage	e	cal Laceration			
☐ Yes ■ No					☐ In	fection	☐ Retair	ned Products			
					o	ther (Spec	ify)				
Pathological examination performed?	n If yes, results:										
Yes No				Did this termination of pregnancy result in a maternal deat							
					☐ Yes	■ No)				
		Туре	e of Termination P	rocedures							
Procedure that Terminate	ed Pregnancy		Additi	ional Procedu	are that Tern	ninated Pro	egnancy				
Medical (NonsurgioMedical (Nonsurgio				Medical (Nons Medical (Nons			•				
Medical (Nonsurgio				Aedical (Nons			fy)				
Medical (Surgical)	Suction Curettage		N	Medical (Surg	gical) Suction	on Curettag	ge				
	Menstrual Aspiration			Medical (Surg Medical (Surg			ation				
	Suici (Specify)										
				11. 1.0	. 1		.1 (11)				
For Medical (Surgical) p					-		er the following que				
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization No	age at least 20 weeks?	Was	the fetus vial		a post ferti	lization age at least	20 weeks?			
If the previous question	was answered ves. comp	ete the following questic	ons. If the	previous que	stion was an	iswered ve	s, complete the follo	wing questions.			
• •		•		-		•	•				
Yes \(\square\) Yes	e best opportunity to surv No	140:	was	the fetus giv		opportunit	y to survive:				
	determination that the pr						at the pregnant won				
that required the proceed woman?	dure to avert death or seri	ious impairment to the pr	regnant that wom		procedure to	avert dea	th or serious impairr	nent to the pregnant			
Date last normal menses	began	Physicia	an estimate of gest	tation (in wee	eks)	Post fer	tilization age of the	fetus (in weeks)			
	10/23/2017		8		/	550 101	6				
How were the gestationa	al age and post fertilization	n age determined?			_						
ULTRASOUND											
Full name of physician p	performing termination										
DR. MANDY GITTLER	-										
Address of physician per	-		te, and zip code)								
8645 CONNECTICUT	OIREEI, MEKKILLVI	LLE, IN 4041U									
**Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Addr PLANNED PARENTHOOD OF I MERRILLVILLE, IN, 46410	SILLVILLE - 8645 CONNECTICUT ST	REET,	City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termination LAKE					
Datient's aca**		, In-	f programa:	inatio-	Educa	tion							
36	arrie	ed Date o ■ Yes □ No	f pregnancy termi 12/20/201		Educa	110n	5		llege, No Degree				
Race American Indian or A Native Hawaiian or C			=		can American		nknown	Not H	nic or Latino Unknown				
Live Births:	N	umber now living	2			Numb	ber now de	ceased	0				
Other Terminations:	N	umber of spontaneous termin	ations 1			Numb	ber of indu	ced termin	ations 0				
,	Oo no	ot include this termination. If	more than six (6),	, those m	ost recent.)								
1. 2002	_ 2	3.			4		5	Complies	ation(s) of Pregnancy Termination				
Fetus delivered alive? ☐ Yes ■ No		If yes, length of time fetus	survived:						mplication(s) of Pregnancy Termination				
				■ None Uterine Perforation									
Fetus viable?		If viable, medical reason f	or termination:	Hemorrhage Cervical Laceration									
☐ Yes ■ No							☐ In	fection	☐ Retained Products				
							☐ Ot	ther (Speci	ify)				
Pathological examinatio performed?	n	If yes, results:											
Yes No				Did this termination of pregnancy result in a maternal d									
							☐ Yes	■ No					
			Туре	of Termi	nation Procedur	es							
Procedure that Terminat	ed P	regnancy			Additional Pr	ocedure	e that Term	ninated Pre	egnancy				
☐ Medical (Nonsurgio	cal)	Mifepristone			☐ Medical	(Nonsu	ırgical) Mi	ifepristone	;				
☐ Medical (Nonsurgion Medical (Nonsurgio Medical (Nonsur							rgical) Mi		fv)				
	our,	omer (speedy)			_								
										_			
Medical (Surgical)Medical (Surgical)							cal) Suction (cal) Menst						
☐ Medical (Surgical)	Oth	er (Specify)			Medical (Surgical) Other (Specify)								
For Medical (Surgical) p	oroce	edures, answer the following	question.		For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable or	r hav	e a post fertilization age at le	ast 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?								
☐ Yes ■ I	No					es [No		-				
If the previous question	was	answered yes, complete the f	ollowing question	ns.	If the previou	s quest	ion was an	swered ye	s, complete the following questions.				
Was the fetus given the		st opportunity to survive?				ıs givei Yes [opportunity	y to survive?				
What was the basis for	dete	ermination that the pregnant v	voman had a cond	dition	What was th	ne basis	s for detern	nination th	at the pregnant woman had a condition				
that required the proce		to avert death or serious imp							th or serious impairment to the pregnant				
woman?					woman?								
								r					
Date last normal menses	_	an 18/2017	Physician	n estimat	te of gestation (i	n week:	s)	Post fer	tilization age of the fetus (in weeks) 7				
How were the gestationa		e and post fertilization age de	etermined?						•				
ULTRASOUND													
Full name of physician p		orming termination											
		ning termination (number and	d street, city, state	e, and zin	code)					-			
		REET, MERRILLVILLE, IN											
**Date Reported to D	CS,	if Patient under 14 (month	ı, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410						City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termin	nation	
Patient's age** 23	Mar	ried Yes	■ No	Date of pregna	ancy termin		Educa	tion			elor's Degree		
Race American Indian Native Hawaiian			slander	☐ Asian ■ White	☐ Black	or African	American	☐ Un	known	Ethnicity Hispa Not H	nnic or Latino	Unknown	
Live Births:		Number nov	w living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of	spontaneou	us terminations 0				Numb	er of ind	uced termin			
Dates of termination	s (Do			ation. If more th			recent.)		5		6		
Fetus delivered alive	?			me fetus survive		4					ration(s) of Pregnancy Termin	nation	
☐ Yes ■ I	No						■ None ☐ Uterine Perforati						
Fetus viable?		If viable	a madical	reason for termi	ination				☐ I	Hemorrhag	e Cervical Lacer	ration	
Yes I	No	II VIAON	c, medicai	reason for term	mation.		☐ Infection ☐ Retained Products						
										Other (Spec	rify)		
Pathological examination performed? If yes, results:													
Yes No							Did this termination of pregnancy result in a maternal dea ☐ Yes ■ No						
									че	s 🖭 No)		
	Type of To							res					
Procedure that Terminated Pregnancy							dditional Pr		that Ter	minated Pr	egnancy		
Medical (Nonsu			one							/lifepriston			
Medical (Nonsu Medical (Nonsu	ırgical) Misoprost	tol				Medical	(Nonsu	rgical) N	Aisoprostol Other (Spec			
_ `	Ü	, ,	337				_	`	,	· 1			
Medical (Surgio	al) S	uction Curet	tage			_E	Medical	(Surgic	al) Sucti	on Curetta	ge		
Medical (Surgio	al) N	Ienstrual As _l	piration				Medical	(Surgic	al) Mens	strual Aspii r (<i>Specif</i> y)			
For Medical (Surgical	al) pro	ocedures, ans	swer the fo	llowing question	n.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable	_							_	_		ilization age at least 20 week	s?	
] No						_	Yes [_				
If the previous quest					ng question		•	•		•	es, complete the following qu	estions.	
Was the fetus giver ☐ Yes ☐			nity to surv	ive?				is given Yes		opportunit	y to survive?		
What was the basis											nat the pregnant woman had a		
that required the pr woman?	oceau	ire to avert d	leath or ser	ious impairmen	t to the pre	-	woman?	a tne pr	ocedure t	o avert dea	th or serious impairment to the	ne pregnant	
Date last normal men		egan 0/15/2017			Physician	n estimate of	f gestation (i	n weeks	i)	Post fe	rtilization age of the fetus (in	weeks)	
How were the gestat			fertilizatio	on age determine	ed?						•		
ULTRASOUND													
Full name of physician performing termination													
DR. MANDY GITTLER Address of physician performing termination (number and street, city, state, and street)													
Address of physician 8645 CONNECTIC		U	,			, and zip cod	de)						
		·											
**Date Reported to DCS, if Patient under 14 (month, day, year):											-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410		IECTICUT STREET,	City or	town, of pregna	ncy terminati	County of pregnancy termination LAKE				
27	Aarried ☐ Yes ■ No	Date of pregnancy term		Educa	tion		nelor's Degree			
Race American Indian or Native Hawaiian or		☐ Asian ☐ Blac ☐ White ☐ Othe		can American	Unknow		y anic or Latino Hispanic or Latino			
Live Births:	Number now living	1			Number no		0			
Other Terminations:	Number of spontane	eous terminations			Number of	induced termi	inations 1			
Dates of terminations (A	Do not include this term	ination. If more than six (6), those m	ost recent.)		-	,			
Fetus delivered alive? Yes No	If yes, length of	time fetus survived:		4.			cation(s) of Pregnancy Termination Uterine Perforation The Cervical Laceration			
Fetus viable? ☐ Yes ■ No	· · · · · · · · · · · · · · · · · · ·	al reason for termination:	☐ Infection ☐ Retained Products ☐ Other (Specify)							
Pathological examination performed? Yes No			Did this termination of pregnancy result in a maternal d ☐ Yes ■ No							
		True	of Torm:	nation Procedu	res					
Procedure that Termina	ted Pregnancy	1 ype	or rermi	Additional Pr		Terminated D	regnancy			
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi	ical) Mifepristone			☐ Medical ☐ Medical	(Nonsurgical (Nonsurgical) Mifepriston) Misoprosto) Other (Spec	ne I			
	Suction Curettage Menstrual Aspiration Other (Specify)			Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)						
For Medical (Surgical)	procedures, answer the	following question.		For Medical ((Surgical) pro	cedures, answ	ver the following question.			
Was the fetus viable o ☐ Yes ☐		on age at least 20 weeks?			us viable or h Yes 🔲 No		tilization age at least 20 weeks?			
If the previous question	was answered yes, con	uplete the following question	ons.	If the previou	s question wa	is answered y	es, complete the following questions.			
Was the fetus given th ☐ Yes ☐	ne best opportunity to su No	nrvive?			us given the b		ty to survive?			
		pregnant woman had a corerious impairment to the pr					that the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal mense	s began UNKNOWN	Physicis	an estimat	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 8			
How were the gestation ULTRASOUND	al age and post fertiliza	tion age determined?				,				
Full name of physician DR. MANDY GITTLE										
	erforming termination (number and street, city, state	te, and zip	code)						
**Date Reported to 1	DCS, if Patient under	14 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					City or town, of pregnancy termination MERRILLVILLE			County of pregnancy termination LAKE			
Patient's age** 30	Marrie [ed Yes No	Date of pregnancy ter 12/20/2		Educat	tion		ool Diploma or GED			
Race American Indian Native Hawaiian			☐ Asian ☐ Bl ☐ White ■ Ot		can American	Unknown	Ethnicit Hisp	y vanic or Latino Unknown			
Live Births:	N	umber now living				Number now		0			
Other Termination	s: N	fumber of spontaneou				Number of in	nduced term				
Dates of termination	is (Do no	ot include this termin	ation. If more than six	(6), those m	nost recent.)						
1		T	3		4	5.	Compli	cation(s) of Pregnancy Termination			
Fetus delivered alive		If yes, length of ti	ne letus survivea:				None	Uterine Perforation			
Fetus viable?		If viable, medical	reason for termination:			_ _		_			
☐ Yes ■				☐ Infection ☐ Retained Products							
5		70 1			Other (Specify)						
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■				Did this termination of pregnancy result in a maternal deat ☐ Yes ■ No							
					<u></u>						
			Tv	pe of Term	ination Procedur	es					
Procedure that Term	inated P	regnancy	·	•	Additional Pr		erminated P	regnancy			
☐ Medical (Nonsu					_	(Nonsurgical)					
Medical (Nonsu	ırgical)	Misoprostol				(Nonsurgical)	Misoprosto	ol			
iviedicai (Nonst	iigicai)	Other (specify)			Medical (Nonsurgical) Other (Specify)						
											
	cal) Mei	nstrual Aspiration			■ Medical	(Surgical) Su (Surgical) Me	enstrual Aspi	iration			
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical) Ot	her (<i>Specify</i>)				
For Medical (Surgic	al) proce	edures, answer the fo	lowing question.		For Medical (Surgical) prod	edures, ansv	wer the following question.			
	le or hav	ve a post fertilization	age at least 20 weeks?		Was the fett	_	ve a post fer	tilization age at least 20 weeks?			
If the previous quest	tion was	answered yes, compl	ete the following ques	tions.	If the previou	s question was	s answered y	res, complete the following questions.			
Was the fetus give ☐ Yes [st opportunity to surv	ive?			us given the be Yes \[\] No	est opportuni	ity to survive?			
			egnant woman had a c ous impairment to the					that the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?					woman?						
					1						
Date last normal me	-	an /01/2017	Physic	cian estima	te of gestation (i	n weeks)	Post fo	ertilization age of the fetus (in weeks) 8			
How were the gestat			n age determined?				ı				
CETTAGOOND	ULTRASOUND										
Full name of physici	_	orming termination									
Address of physician	nber and street, city, s	tate, and zij	p code)								
8645 CONNECTIC	UT STF	REET, MERRILLVI	LE, IN 46410								
**Date Reported t	, if Patient under 1	1 (month, day, year): _									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410						City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE						
D. C. C. C.			D : ^			T = -						
Patient's age** 21	Marı	ried Yes No	Date of pregr	12/20/201		Educ	ation			ollege, No Deg	ree	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black □ Other		an American	☐ Un	known		y anic or Latino Hispanic or Latin	.0	Unknown
Live Births:		Number now living	0					er now d		0		
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termi	nations		
Dates of termination	s (Do	not include this termin				ost recent.)		5		0 6		
Fetus delivered alive	?	If yes, length of ti							Compli	cation(s) of Pregr	nancy To	ermination
☐ Yes ■	No							■ N	None	☐ U	terine P	erforation
								П	Hemorrhag	е ПС	ervical I	Laceration
Fetus viable? Yes	N _O	If viable, medical	reason for term	nination:								
l les						_	etamed	Products				
					Other (Spec	cify)						
Pathological examin performed?												
Yes •		Did this termination of pregnancy result in a maternal dea										
				☐ Yes	s 🔳 N	0						
				Type	of Termin	nation Procedu	ıres					
Procedure that Term	inated	Pregnancy				Additional I	Procedure	e that Ter	minated Pr	regnancy		
Medical (Nonsu									/lifepriston			
Medical (Nonsu Medical (Nonsu) Misoprostol) Other (Specify)							Aisoprosto Other (Spec			
						Medical (Surgical) Suction Curettage						
Medical (Surgio		action Curettage lenstrual Aspiration				☐ Medica	l (Surgic l (Surgic	al) Sucti al) Mens	on Curetta strual Aspi	ge ration		
Medical (Surgio						☐ Medica	l (Surgic	al) Other	r (Specify)			
For Medical (Surgical	al) pro	cedures, answer the fo	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	ver the following	question	1.
Was the fetus viab	le or h	ave a post fertilization	age at least 20	weeks?		Was the fe	tus viabl	e or have	a post fer	tilization age at le	east 20 v	weeks?
	☐ No						Yes [No	•	Č		
If the previous quest	ion wa	as answered yes, comp	lete the followi	ng question	ıs.	If the previo	us questi	ion was a	nswered y	es, complete the	followin	g questions.
	n the b	est opportunity to surv	vive?					the best No	opportuni	ty to survive?		
What was the basis	s for de	etermination that the pr	regnant woman	n had a cond	lition	What was	the basis	for deter	mination t	hat the pregnant	woman	had a condition
that required the pr		re to avert death or ser				that requir				ath or serious imp		
woman?						woman?						
Date last normal me		egan 0/17/2017		Physician	n estimate	e of gestation 9	in weeks	5)	Post fe	ertilization age of	the fetu	s (in weeks)
How were the gestat		age and post fertilization	on age determin	ned?		<u> </u>					•	
ULTRASOUND												
Full name of physici DR. MANDY GITTI												
	-	orming termination (nu			, and zip	code)						
8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410												
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	ddres of ME	S RRILLVILLE - 8645 CONNEC	TICUT STREET,	City or		ancy termination		County of pregnancy termination LAKE				
<u> </u>												
Patient's age** 21	Mar	ried Yes I No	Date of pregnancy	termination 0/2017	Educa	ition		lege, No Degree				
Race American Indian Native Hawaiian		her Pacific Islander	= =	Black or Afric Other	can American	Unknown	Not H	nic or Latino				
Live Births:		Number now living	0			Number now d		0				
Other Terminations	s:	Number of spontaneous	s terminations 0			Number of ind	uced termin	ations 0				
Dates of termination	s (Do	not include this termina	tion. If more than s	six (6), those m	nost recent.)	•						
1		2	3		4	5	Complian	ation(s) of Pregnancy Termination				
Fetus delivered alive Yes I		If yes, length of tin	ne fetus survived:									
					■ None ☐ Uterine Peri							
Fetus viable?		If viable, medical r	eason for termination	on:	Hemorrhage Cervical I							
☐ Yes ■ 1	No	ŕ			☐ Infection ☐ Retained Proc							
							Other (Speci	fy)				
Pathological examina	ation	If yes, results:										
performed? Yes	No				Did this termination of pregnancy result in a mat							
l les 🖃	NO											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
		•			_							
☐ Medical (Nonsu☐ Medical (No						(Nonsurgical) N (Nonsurgical) N						
		l) Other (Specify)			☐ Medical	(Nonsurgical) C	Other (Specif	fy)				
		uction Curettage				(Surgical) Sucti						
☐ Medical (Surgic ☐ Medical (Surgic		Menstrual Aspiration Other (Specify)			☐ Medical	(Surgical) Mens (Surgical) Other	strual Aspira	ation				
	,	(ap 119))				(~ 8)	- (~F55)					
For Medical (Surgical	al) pro	ocedures, answer the following	lowing question		For Medical	(Surgical) proced	lures answe	er the following question.				
	, 1	,	<i>U</i> 1	0								
Was the fetus viable Yes		nave a post fertilization a	ige at least 20 week	ts?		us viable or have Yes	a post ferti	lization age at least 20 weeks?				
If the previous questi	ion w	as answered yes, comple	ete the following qu	estions.	If the previou	is question was a	nswered yes	s, complete the following questions.				
Was the fetus giver ☐ Yes ☐		best opportunity to survi	ve?			us given the best Yes \(\sime\) No	opportunity	to survive?				
		etermination that the pro	agnant women hed	a condition	_	_	mination th	at the pregnant woman had a condition				
that required the pr		ire to avert death or serie			that require			h or serious impairment to the pregnant				
woman?					woman?							
L					1							
Date last normal mer		-	Ph	ysician estima	te of gestation (in weeks)	Post fer	tilization age of the fetus (in weeks)				
How were the gestet		0/09/2017	age determined?		9			7				
How were the gestational age and post fertilization age determined? ULTRASOUND												
L												
Full name of physici DR. MANDY GITTL		rforming termination										
Address of physician	perf	orming termination (nun		, state, and zip	o code)							
8645 CONNECTIO	UI S	TREET, MERRILLVIL	.∟⊏, IN 46410									
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410							wn, of pregna	County of pregnancy termination LAKE					
Patient's age** 28	Mar	ried Yes	■ No	Date of pregna	ancy termi 12/20/201		Educa	tion			ol Diploma or GED		
Race American Indian Native Hawaiian	or Otl	her Pacific	Islander	☐ Asian ■ White	☐ Black		n American		ıknown	Not H	nic or Latino 🔲 Unknown		
Live Births:		Number n	ow living	2				Numb	per now decea	sed	0		
Other Termination	s:	Number o	f spontaneo	us terminations 0				Numb	per of induced	termin	ations 0		
Dates of termination	s (Do			nation. If more th	, ,		st recent.)		5		6		
Fetus delivered alive	?			me fetus survivo					Co	omplica	ation(s) of Pregnancy Termination		
☐ Yes ■ I	No						■ None ☐ Uterine Perfor						
						☐ Hemo	orrhage	☐ Cervical Laceration					
Fetus viable? Yes I	If viat	reason for term	ination:				☐ Infect	tion	Retained Products				
103									☐ Other	(Speci	——————————————————————————————————————		
Pathological examin						Oulci	Брес	Jy)					
performed?													
☐ Yes ■							ninatio No	n of pregnancy result in a maternal death?					
									<u> </u>				
Type of To							ation Procedu	res					
Procedure that Term	inated	Pregnancy	y				Additional Pr	ocedure	e that Termina	ited Pre	egnancy		
☐ Medical (Nonsu	ırgical) Mifepris	stone				☐ Medical	(Nonsu	rgical) Mifep	ristone			
Medical (Nonsu Medical (Nonsu	ırgical) Misopro	stol				■ Medical	(Nonsu	rgical) Misor	prostol			
Wedicar (140iise	iigicai) Other (5	pecijy)				iviculcar	(1volisu	irgicar) Other	(Speci)	<i>y)</i>		
Medical (SurgionMedical (Surgion									cal) Suction C cal) Menstrua				
Medical (Surgio									cal) Other (Sp				
For Medical (Surgical	al) pro	ocedures, a	nswer the fo	ollowing question	n.		For Medical	(Surgica	al) procedures	, answe	er the following question.		
Was the fetus viable	le or h ■ No		fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest			d yes, comp	lete the followir	ng question	ns.	_			ered ye	s, complete the following questions.		
Was the fetus given ☐ Yes ☐			unity to sur	vive?				us giver Yes [n the best oppo	ortunity	y to survive?		
What was the basis	_		on that the	ragnant wares	had a sac	dition	_	_	-	ntion 4	at the pregnant women had a condition		
that required the pr							that require				at the pregnant woman had a condition h or serious impairment to the pregnant		
woman?							woman?						
						<u> </u>							
Date last normal men		_	•		Physicia	n estimate	of gestation (i	in weeks	s) I	Post fer	tilization age of the fetus (in weeks)		
How were the gestat		0/16/2017 age and po		on age determine	ed?		9				7		
ULTRASOUND		- 1											
Full name of physician performing termination DR. MANDY GITTLER													
Address of physician	n perfo	U	,			e, and zip c	rode)						
8645 CONNECTIC	UT S	TREET, N	IERRILLVI	LLE, IN 46410)								
WAD . B	F. C	id : 6.5		4.									
**Date Reported t	o DC	S, if Patie	ent under 1	4 (month, day, y	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or town, of pregnancy termination MERRILLVILLE County of pregnancy termina LAKE					•							
Patient's age**	Marr		Date of pregn	ancy term	ination	Educa	tion						
20 Race		Yes No	•	12/20/201	17			Н	Ethnicity	ool Diploma or (GED		
American Indian Native Hawaiian	or Oth	er Pacific Islander	☐ Asian ☐ White	Black Othe		n American		known	Hispa	y anic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontane	eous terminations 0				Numb	er of ind	uced termi	nations 0			
Dates of termination	s (Do	not include this tern	v	, ,		st recent.)		-		4			
Fetus delivered alive	e?		f time fetus surviv		4	•		5	Compli	cation(s) of Pregn	ancy Termination		
☐ Yes ■		,, g							None	☐ Ut	erine Perforation		
								— □ 1	Hemorrhag	re \Box Ce	rvical Laceration		
Fetus viable? Yes	N Io	If viable, medic	al reason for term	ination:						_	tained Products		
i res	NO								nfection	_	tained Products		
		70 1							Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No							Did this			esult in a maternal death		
									<u>, </u>	0			
	of Termin	ation Procedur	res_										
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure	e that Ter	minated P	regnancy			
☐ Medical (Nonsu	ırgical	Mifepristone				☐ Medical	(Nonsu	rgical) N	//Iifepriston	ie			
☐ Medical (Nonsu	irgical)					■ Medical	(Nonsu	rgical) N	Aisoprosto Other (Spec	1			
iviedicai (Nonst	irgicai,	Other (<i>specify</i>)				Wedicai	(INOIISU	rgicai) C	otner (spec	uy)			
Medical (Surgion Medica		enstrual Aspiration				☐ Medical ☐ Medical	(Surgic	al) Suctial) Mens	on Curetta strual Aspi	ge ration			
Medical (Surgio						☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgic	al) pro	cedures, answer the	following questio	on.		For Medical (Surgical) procedures, answer the following question.							
	le or ha	ave a post fertilization	on age at least 20	weeks?			us viabl Yes [a post fer	tilization age at le	ast 20 weeks?		
If the previous quest	ion wa	s answered yes, cor	nplete the following	ng questio	ns.	If the previou	ıs questi	ion was a	nswered y	es, complete the f	ollowing questions.		
	n the b	est opportunity to so	arvive?				us giver Yes [opportuni	ty to survive?			
		termination that the									voman had a condition		
that required the programmer woman?	rocedu	re to avert death or s	serious impairmen	nt to the pro	egnant	that required woman?	d the pr	ocedure t	o avert dea	ath or serious imp	airment to the pregnant		
Date last normal me	nses be	egan		Physicia	ın estimate	of gestation (i	in weeks	5)	Post fe	ertilization age of	the fetus (in weeks)		
	10	0/22/2017				13		-		_	11		
How were the gestat ULTRASOUND	ional a	ge and post fertiliza	tion age determin	ed?									
L													
Full name of physici													
Address of physician		rming termination (number and street	t, city, stat	e, and zip	code)							
8645 CONNECTIC	UT ST	REET, MERRILL	VILLE, IN 46410	0									
WAD .													
**Date Reported t						_							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/22/2017

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Facility Name and Addre PLANNED PARENTHOOD OF N MERRILLVILLE, IN, 46410	ess IERRILLVILLE - 8645 CONNECTIC	UT STREET,	City or tow	n, of pregnar	ncy termina	County of pregnancy termination LAKE					
Patient's age** Ma	arried Da	ate of pregnancy termi		Educat	ion	Δοοσ	ociate Degree				
Race American Indian or A Native Hawaiian or C	Alaska Native		or African	American	Unkno	Ethnicity Hispa					
Live Births:	Number now living	0				ow deceased	0				
Other Terminations:	Number of spontaneous te	erminations 0			Number o	of induced termi	nations 0				
Dates of terminations (D	o not include this terminatio	•	, those most	recent.)							
Fetus delivered alive? Yes No	If yes, length of time t	fetus survived:	4			Complice None	cation(s) of Pregnancy Termination Uterine Perforation				
Fetus viable? Yes No	If viable, medical reas	son for termination:]	☐ Hemorrhag☐ Infection☐ Other (Specential)	Retained Products				
Pathological examination performed? Yes • No	n If yes, results:		Did this termination of pregnancy result in a mater ☐ Yes ■ No								
		_	0.TT								
		Type	of Terminati	on Procedur	es						
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)											
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical)	Suction Curetta Menstrual Aspi Other (Specify)					
For Medical (Surgical) p	rocedures, answer the follow	ving question.		For Medical (Surgical) procedures, answer the following question.							
	have a post fertilization age				is viable or		tilization age at least 20 weeks?				
If the previous question v	was answered yes, complete	the following question	ns. If	the previous	s question v	was answered ye	es, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	e best opportunity to survive	?			is given the	e best opportunit Vo	ty to survive?				
	determination that the pregn dure to avert death or serious		egnant				hat the pregnant woman had a condition ath or serious impairment to the pregnant				
Date last normal menses	began	Physician	n estimate of	gestation (in	n weeks)	Post fe	rtilization age of the fetus (in weeks)				
	UNKNOWN			8			6				
How were the gestationa ULTRASOUND	l age and post fertilization aş										
Full name of physician p	_										
Address of physician per	forming termination (number		e, and zip cod	de)							
**Date Reported to D	Date Reported to DCS, if Patient under 14 (month, day, year):										

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	ILLVILLE - 8645 CONNE	C		or town, of pregnancy termination MERRILLVILLE County of pregnancy te LAK					ncy termination LAKE				
Patient's age** 25	Marrie	d ☐ Yes ■ No	Date of pregna	ancy termina 2/20/2017	tion	Educat	tion			lege, No Degree	Э		
Race American Indian Native Hawaiian			Asian White	☐ Black of	r African Am	erican	☐ Unkı	□ F		nic or Latino ispanic or Latino	☐ Unknown		
Live Births:		umber now living	0					r now decease		0			
Other Termination	ns: Ni	umber of spontaneou	us terminations 2				Number	r of induced to	ermina	ations 0			
Dates of termination		t include this termin 2011	ation. If more th	an six (6), th	nose most rece	ent.)		_					
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:	4			5 Con	nplica	tion(s) of Pregnan	ncy Termination		
☐ Yes ■ 1	No					■ None ☐ Uterine Perfo							
Estus vishle?	Fetus viable? If viable, medical reason for termination:							☐ Hemor	rhage	☐ Cerv	vical Laceration		
Yes •	No	ii viable, illedical	reason for termi	паноп:				☐ Infection	on	☐ Reta	ined Products		
					Other (Specij	fy)						
Pathological examin performed?	If yes, results:												
Yes •			Did this termination of pregnancy result in a maternal										
				☐ Yes ■	No								
	Termination 1	Procedur	res										
Procedure that Term				that Terminate	ed Pre	gnancv							
☐ Medical (Nonsu								gical) Mifepri					
Medical (Nonsu	urgical)	Misoprostol				Medical	(Nonsurg	gical) Misoprogical) Other (A	ostol				
	8	(<i>-</i> F 9))					(- ' ' ' - ' - ' - ' - ' - ' - ' - ' - '	5 (-	-r 5.	,			
Medical (Surgional Control Contro	cal) Suct	ion Curettage				Medical (Surgical) Suction Curettage							
	cal) Men	strual Aspiration				Medical	(Surgical	Menstrual A Other (Spec	Aspira				
	,	(~F9))					(~ 8	, (o _f	-957				
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	1.	— For N	Medical (Surgical)) procedures, a	answe	r the following qu			
	_	e a post fertilization					_			lization age at leas			
☐ Yes [■ No				70.1	_	Yes						
If the previous quest		• • •		g questions.		•	•		·	s, complete the following	lowing questions.		
Was the fetus give		t opportunity to surv	ive?		Wa		is given t Yes \square	the best oppor No	tunity	to survive?			
		rmination that the p									oman had a condition		
woman?	rocedure	to avert death or ser	ious impairment	to the pregn		man?	a the proc	redure to aver	t dean	n or serious impan	rment to the pregnant		
Date last normal me	_	an KNOWN		Physician e	estimate of ges	station (i	n weeks)	Po	st fert	tilization age of the	· · · · · · · · · · · · · · · · · · ·		
How were the gestat			on age determine	ed?		-							
ULTRASOUND													
Full name of physici													
DR. MANDY GITTI													
Address of physician 8645 CONNECTIC	-	-			und zip code)								
**Date Reported t	to DCS	if Patient under 1	1 (month day	vear):									
Date Reported (w DCB,	ii i aticiit ulluci 1	 (топін, шау, у	.cui j									

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Facility Name and Addr PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410	ess Merrillville - 8645 Connec	CTICUT STREET,	City or town, o		ncy termination	County of pregnancy termination LAKE					
Patient's age** M	r	Date of pregnancy term	nination	Educat	ion			1			
26	larried ☐ Yes ■ No	12/20/20		Educai		Some Co	llege, No Degree				
Race American Indian or Description Native Hawaiian or Control		☐ Asian ☐ Blac ■ White ☐ Other	k or African Ame	erican	Unknown		nic or Latino Hispanic or Latino	Unknown			
Live Births:	Number now living	0			Number now d	eceased	0				
Other Terminations:	Number of spontaneou	is terminations			Number of inde	uced termin	nations 0				
Dates of terminations (L	Oo not include this termin	,), those most rece	ent.)							
1		3	4		5	Complic	ation(s) of Pregnanc	y Termination			
Fetus delivered alive? ☐ Yes ■ No	If yes, length of ti	me fetus survived:				•	_				
							_	e Perforation			
Fetus viable?	If viable, medical	reason for termination:			L F	Hemorrhage	e 📙 Cervio	cal Laceration			
☐ Yes ■ No						nfection	☐ Retair	ned Products			
						Other (Spec	ify)				
Pathological examination performed?	on If yes, results:										
Yes No					Did this	s terminatio	on of pregnancy resu	It in a maternal death?			
					☐ Yes						
Type of Termination Procedures											
Procedure that Terminat	ted Pregnancy		Addi	tional Pro	ocedure that Ter	minated Pr	egnancy				
Medical (Nonsurgion					(Nonsurgical) M						
Medical (NonsurgionMedical (Nonsurgion					(Nonsurgical) M (Nonsurgical) C						
☐ Medical (Surgical)	Suction Curattaga			Medical ((Surgical) Sucti	on Curatta	TA				
☐ Medical (Surgical)	Menstrual Aspiration			Medical (Surgical) Mens	strual Aspir					
Medical (Surgical)	Other (Specify)			Medical ((Surgical) Other	r (Specify)					
For Medical (Surgical) p	procedures, answer the fo	llowing question.	For M	Medical (Surgical) proced	lures, answ	er the following ques	stion.			
Was the fetus viable of Yes	r have a post fertilization	age at least 20 weeks?	Wa		s viable or have	a post fert	ilization age at least	20 weeks?			
			TC .1	_	_	1	1	. ,.			
	was answered yes, compl	•		•	•	•	es, complete the follo	wing questions.			
Was the fetus given th ☐ Yes ☐ I	e best opportunity to surv No	ive?	Wa		is given the best es No	opportunit	y to survive?				
What was the basis for	r determination that the pr	egnant woman had a cor	ndition Wh	at was th	e basis for deter	mination th	nat the pregnant won	nan had a condition			
	edure to avert death or ser		regnant that				th or serious impairs				
woman:			Wol	man:							
Data last 1	hogon	TNI ''	on optionate C	toti (DC	williantics Cd	fatus (inL.)			
Date last normal menses	10/15/2017	Physicia	an estimate of ges	station (<i>ii</i>	i weeks)	Post Iei	rtilization age of the 7	icius (<i>in weeks)</i>			
=	al age and post fertilization	n age determined?				ı					
ULTRASOUND											
F-11 C 1 1 1											
Full name of physician p DR. MANDY GITTLER											
Address of physician pe	erforming termination (num		te, and zip code)								
8645 CONNECTICUT	STREET, MERRILLVI	LLE, IN 46410									
**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termination LAKE							
Patient's age** 28	Mar	ried Yes	s • No	Date of pregn	ancy term 12/20/201		Educ	ation			ollege, No Degree			
Race American Indian Native Hawaiian		her Pacifi	ic Islander	Asian White	☐ Blacl		an American		Jnknown	■ Not I	/ anic or Latino Hispanic or Latino ☐ Unknown			
Live Births:		Number	now living	2				Nun	nber now d	leceased	0			
Other Termination			_	us terminations 2				Nun	nber of ind	uced termi	nations 2			
Dates of termination 1. 2011	s (Do	not inclu 2. 2011		nation. If more th			ost recent.) 4. UNKNOW	'N	5		6			
Fetus delivered alive		If ye	es, length of ti	ime fetus surviv	ed:			cation(s) of Pregnancy Termination						
☐ Yes ■ 1	No					■ None ☐ Uterine Perfo								
Fetus viable?	If vi	able medical	reason for term	ination:				- D 1	Hemorrhag	e				
Yes Yable:	No	II VI	abie, medicai	reason for term	mation.	☐ Infection ☐ Retained Produc								
P.4.1.1.1.1.1	es, results:						- (Other (Spec	cify)					
Pathological examination performed?														
☐ Yes ■	No								Did thi ☐ Ye		on of pregnancy result in a maternal death?			
						•								
		Туре	of Termin	nation Proced	ures									
Procedure that Term	inated	l Pregnan	су				Additional	Procedu	re that Ter	minated Pr	regnancy			
☐ Medical (Nonsu										Mifepriston				
☐ Medical (Nonsu ☐ Medical (Nonsu										Misoprostol Other (<i>Spec</i>				
Medical (Surgic										ion Curetta				
☐ Medical (Surgion Med										strual Aspi r (<i>Specify</i>)	ration			
For Medical (Surgical	al) pro	ocedures,	answer the fo	ollowing questio	n.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viabl	le or h		st fertilization	age at least 20	weeks?			etus vial Yes		a post fert	tilization age at least 20 weeks?			
If the previous quest	ion w	as answer	red yes, comp	lete the following	ng questio	ns.	If the previo	ous ques	stion was a	nswered ye	es, complete the following questions.			
Was the fetus given ☐ Yes ☐			rtunity to sur	vive?					en the best	opportunit	ty to survive?			
What was the basis that required the prwoman?											hat the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal mer	nses h	egan		1	Physicia	n estimate	e of gestation	(in wee	ks)	Post fe	rtilization age of the fetus (in weeks)			
_acc acc normal file)9/16/20	17		1 117 51010	commute	13	, WEE	,	1 031 10	11			
How were the gestat	ional	age and p	ost fertilizati	on age determin	ed?									
Full name of physici DR. MANDY GITTL	_	rforming	termination											
Address of physician 8645 CONNECTION	n perfe	_	,			e, and zip	code)							
OU43 COMMECTIC	013	INCEI,	WIERKILLV	LLE, IN 40410	<u>, </u>									
**Date Reported to DCS, if Patient under 14 (month, day, year):											_			

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or	City or town, of pregnancy termination MERRILLVILLE County of pregnancy LAF								
Patient's age** 35	Marrie [ed ■ Yes □ No	Date of pregnancy t		Educa	tion		ol Diploma or GED				
Race American Indian Native Hawaiian			= =	Black or Afri Other	can American	☐ Unkno	Ethnicity Hispa	nnic or Latino Hispanic or Latino				
Live Births:	N	umber now living					now deceased	0				
Other Termination	s: N	umber of spontaneou				Number o	of induced termin	nations 2				
Dates of termination 1. UNKNOWN		ot include this termina UNKNOWN	ation. If more than siz	x (6), those n	nost recent.)		5	6				
Fetus delivered alive		If yes, length of tin	ne fetus survived:				Complic	cation(s) of Pregnancy Termination				
☐ Yes ■ 1	NO				■ None ☐ Uterine Perfora							
Fetus viable?		If viable medical	reason for termination	n·			☐ Hemorrhag	e Cervical Laceration				
Yes •	No	ii viable, illedicar	reason for termination				☐ Infection	☐ Retained Products				
							Other (Spec	rify)				
Pathological examin	ation	If yes, results:										
performed?	No					$\frac{D}{D}$	oid this termination	on of pregnancy result in a maternal death?				
							Yes No					
			Т	ype of Term	ination Procedu	res						
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that	at Terminated Pr	egnancy				
Medical (Nonsu					☐ Medical	(Nonsurgic	cal) Mifepriston	e				
Medical (Nonsu Medical (Nonsu	ırgical) ırgical)	Misoprostol Other (Specify)			☐ Medical ☐ Medical	(Nonsurgic	cal) Misoprostol	ify)				
								•				
Medical (Surgio	cal) Suc	tion Curattaga			Medical (Surgical) Suction Curettage							
Medical (Surgio	cal) Mei	nstrual Aspiration			☐ Medical	(Surgical)	Menstrual Aspir					
Medical (Surgio	cal) Oth	er (Specify)			☐ Medical	(Surgical)	Other (Specify)					
For Medical (Surgic	al) proce	edures, answer the fol	lowing question.		For Medical ((Surgical) p	procedures, answ	er the following question.				
	le or hav	ve a post fertilization	age at least 20 weeks	?	Was the fett			ilization age at least 20 weeks?				
If the previous quest	tion was	answered yes, compl	ete the following que	estions.	If the previou	s question	was answered ye	es, complete the following questions.				
Was the fetus give Yes		st opportunity to surv	ive?			us given the Yes \[\] N	e best opportunit No	y to survive?				
			egnant woman had a ous impairment to th					hat the pregnant woman had a condition the or serious impairment to the pregnant				
woman?			•	1 6	woman?	1		1 1 0				
<u> </u>					<u> </u>							
Date last normal me	-	an 22/2017	Phys	sician estima	te of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)				
How were the gestat			n age determined?		9			ı				
ULTRASOUND												
Full name of physici	LER											
Address of physician 8645 CONNECTIC	-	-	nber and street, city, LLE, IN 46410	state, and zi	p code)							
**Date Reported t	to DCS	, if Patient under 14	4 (month, day, year):					-				

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or	town, of pregna	County of pregnancy termination LAKE							
Patient's age** 39	Marrie [ed ■ Yes □ No	Date of pregnancy te		Educa	tion		ol Diploma or GED				
Race American Indian Native Hawaiian			= =	ack or Afric	can American	Unkno	Ethnicity Hispa	anic or Latino Hispanic or Latino				
Live Births:	N	lumber now living	1			Number	now deceased	0				
Other Termination	s: N	Tumber of spontaneou	s terminations 0			Number	of induced termin	nations 3				
Dates of termination		ot include this termin 2. 2005	ation. If more than six 3. 2012	(6), those m	nost recent.)		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:				Complic	cation(s) of Pregnancy Termination				
☐ Yes ■ 1	NO				■ None ☐ Uterine Perforat							
Fetus viable?		If viable medical	reason for termination				Hemorrhag	e Cervical Laceration				
Yes •	No	ii viable, inecicar	reason for termination		☐ Infection ☐ Retained Products							
							Other (Spec	cify)				
Pathological examin	ation	If yes, results:										
performed?	No				Did this termination of pregnancy result in a maternal of							
							Yes No					
			Ту	pe of Term	ination Procedur	res						
Procedure that Term	inated F	Pregnancy			Additional Pr	ocedure th	nat Terminated Pr	regnancy				
☐ Medical (Nonsu					☐ Medical	(Nonsurgi	ical) Mifepriston	e				
Medical (Nonsu Medical (Nonsu	ırgical) ırgical)	Misoprostol Other (Specify)			☐ Medical ☐ Medical	(Nonsurgion) (Nonsurgion)	ical) Misoprostol ical) Other (Spec	ify)				
Medical (Surgional Control Contro	cal) Suc	tion Curattaga										
☐ Medical (Surgio	cal) Me	nstrual Aspiration			☐ Medical	(Surgical)	Menstrual Aspir					
Medical (Surgio	cal) Oth	er (Specify)			Medical	(Surgical)	Other (Specify)					
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		For Medical (Surgical) p	procedures, answ	er the following question.				
	le or hav	ve a post fertilization	age at least 20 weeks?		Was the fett			ilization age at least 20 weeks?				
If the previous quest	ion was	answered yes, compl	ete the following ques	tions.	If the previou	s question	was answered ye	es, complete the following questions.				
Was the fetus give		st opportunity to surv	ive?			us given th Yes	ne best opportunit No	ty to survive?				
			regnant woman had a clous impairment to the					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?			r	1 6	woman?	.		1				
					1							
Date last normal me	-		Physi	cian estima	te of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)				
How were the gestat		e and post fertilization	n age determined?		9			7				
ULTRASOUND												
Full name of physicion DR. MANDY GITTI	LER											
Address of physician 8645 CONNECTIC	-	-	mber and street, city, s L LE, IN 46410	tate, an <mark>d zi</mark> j	p code)							
		,										
**Date Reported t	, if Patient under 1	4 (month, day, year): _					-					

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Patient's age**	Marri		Date of pregnancy term	nination	Educa	tion						
42		☐ Yes ■ No	12/20/20	17					elor's Degree			
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blace ☐ Other	ek or African A	American	Unl	known er now d	■ Not I	y anic or Latino Hispanic or Latir	10	Unknown	
Live Births:			0					uced termi	0			
Other Termination		Number of spontaneo	1			Numbe	er of ind	ucea termi	nations 1			
Dates of termination		2. 2014	nation. If more than six (6									
Fetus delivered alive		If yes, length of t	ime fetus survived:						_	•		
							• 1	None	□ U	Iterine l	Perforation	
Fetus viable?		If viable, medical	reason for termination:				☐ I	Hemorrhag	ge 🔲 C	ervical	Laceration	
☐ Yes ■ 1	No						☐ I	nfection	☐ R	etained	Products	
								Other (Spec	cify)			
Pathological examin	ation	If yes, results:										
performed?	No						Did this	s termination	on of pregnancy	result i	n a maternal death?	
							☐ Yes					
			Туре	of Terminati	on Procedu	res						
Procedure that Term	inated I	Pregnancy		A	dditional Pr	ocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu				_				/lifepriston				
Medical (Nonsu Medical (Nonsu								Aisoprostol Other (Spec				
Medical (Surgional Control Contro	201) Su	etion Curattaga		_	Medical (Surgical) Suction Curettage							
☐ Medical (Surgio	cal) Me	nstrual Aspiration			Medical	(Surgica	al) Mens	strual Aspi	ration			
Medical (Surgio	cal) Oth	ner (Specify)			☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) proc	edures, answer the fo	ollowing question.	Fe	or Medical (Surgical	l) proced	lures, answ	ver the following	questio	on.	
	le or ha ■ No	ve a post fertilization	age at least 20 weeks?			us viable Yes		a post fert	tilization age at l	east 20	weeks?	
If the previous quest	ion was	answered yes, comp	plete the following question	ons. If	the previou	s questio	on was a	nswered ye	es, complete the	followi	ng questions.	
	n the be	st opportunity to sur	vive?			us given Yes		opportuni	ty to survive?			
			oregnant woman had a cor						hat the pregnant			
			rious impairment to the pr	regnant	that required woman?	d the pro	ocedure t	o avert dea	ath or serious im	pairmei	nt to the pregnant	
,												
Date last normal men	nses he	yan .	Physicia	an estimate of	oestation (i	n woobs)	Post fo	ertilization age of	f the fet	us (in weeks)	
	10	/15/2017		an Commate Of	9	n weeks,	,	1 051 10	ranzadon age of	7	as (in meens)	
How were the gestat ULTRASOUND	ional ag	e and post fertilizati										
Full name of physici		orming termination										
Address of physician	n perfor	-	umber and street, city, sta	te, and zip cod	de)							
8645 CONNECTIC	UT STI	REET, MERRILLV	ILLE, IN 46410									
**Date Reported t	, if Patient under 1											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410	ess MERRILLVILLE - 8645 CONI	NECTICUT STREET,	City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termination LAKE				
Dationt's assaw		Data of management	aination.	P.1	tion							
25	arried ☐ Yes ■ No	Date of pregnancy term 12/06/20		Educat	ion			Diploma or GED				
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blace ■ White ☐ Other		n American	☐ Unk			c or Latino panic or Latino Unknown				
Live Births:	Number now living	2			Numbe	er now deceas	sed	0				
Other Terminations:	Number of spontane	eous terminations			Numbe	er of induced	terminat	ions 0				
Dates of terminations (D	I Oo not include this term	nination. If more than six (6	o), those mo	est recent.)				U				
1	2	3	4	l		5		6				
Fetus delivered alive? Yes No	If yes, length of	f time fetus survived:				Co	omplicati	ication(s) of Pregnancy Termination				
				■ None ☐ Uterine Perfora								
Fetus viable?	If viable medic	al reason for termination:				☐ Hemo	orrhage	☐ Cervical Laceration				
Yes No	ii viaore, medie	ar reason for termination.				☐ Infect	tion	☐ Retained Products				
						☐ Other	(Specify	·)				
Pathological examination	n If yes, results:					_	. 1	,				
performed?	-											
Yes No	of pregnancy result in a maternal death?											
	·											
		Type	e of Termin	ation Procedur	es		_					
Procedure that Terminate	ad Pragnanay	7.1		Additional Pr		that Tarmina	atad Prag	nonav				
				_				nancy				
☐ Medical (Nonsurgic☐ Medical (Nonsurgic						gical) Mifep gical) Misop						
Medical (Nonsurgic						gical) Other)				
Medical (Surgical)	Suction Curettage			☐ Medical	(Surgica	al) Suction C	urettage					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration					al) Menstrual		ion				
Medical (Bargical)	Outer (specify)											
- W 1: 1/2 : 1)		C.11		For Medical (Surgical) procedures, answer the following question.								
For Medical (Surgical) p	procedures, answer the	following question.		For Medical (Surgical	l) procedures.	, answer	the following question.				
Was the fetus viable or ☐ Yes ■ N		on age at least 20 weeks?			ıs viable 7es 🔲		st fertili:	zation age at least 20 weeks?				
If the previous question	was answered yes, con	nplete the following question	ons.	If the previou	s questic	on was answe	ered yes,	complete the following questions.				
Was the fetus given the ☐ Yes ☐ N		urvive?			ıs given Tes 🔲	the best oppo	ortunity t	to survive?				
		e pregnant woman had a co	ndition	_		-	ation that	the pregnant woman had a condition				
that required the proceed		serious impairment to the p		that required				or serious impairment to the pregnant				
woman?				woman?								
Date last normal menses	•	Physici	an estimate	of gestation (i	n weeks)) P	Post ferti	lization age of the fetus (in weeks)				
	UNKNOWN al age and post fertiliza	ation age determined?		8				6				
ULTRASOUND	How were the gestational age and post fertilization age determined? JLTRASOUND											
Full name of physician p	-	1										
DR. MANDY GITTLER Address of physician per		number and street, city, sta	te, and zin	code)								
8645 CONNECTICUT	-		, Lip	 /								
**Date Reported to D	Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	City or to	or town, of pregnancy termination MERRILLVILLE County of pregnancy terminat LAKE												
Patient's age** 17	Marrie [d Yes • No	Date of pregna	ancy termi 2/06/201		Educa	tion			h, No Diplom	а			
Race American Indian Native Hawaiian			Asian White	☐ Black		n American	☐ Un			nic or Latino ispanic or Latir	10	☐ Unknown		
Live Births:	Nı	umber now living	0				Numb	er now dece	ased	0				
Other Termination	s: Nu	umber of spontaneou					Numb	er of induce	d termin					
Dates of termination	s (Do no	t include this termin	ation. If more th	an six (6),	those mos	st recent.)		5		6				
Fetus delivered alive		If yes, length of ti	ne fetus survive	ed:				C	Complica	ation(s) of Preg	nancy Ter	rmination		
	110					■ None ☐ Uterine Perforat								
Fetus viable?		If viable, medical	reason for termi				☐ Hem	norrhage		ervical L	aceration			
☐ Yes ■ I	No						☐ Infe	ction	☐ R	etained P	Products			
							Othe	er (<i>Speci</i>	fy)					
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■	No							Did this ter ☐ Yes	rmination No		result in	a maternal death?		
				Type	of Termina	ation Procedur	res							
Procedure that Term	inated Pr	regnancy				Additional Pr	ocedure	that Termin	nated Pre	egnancy				
Medical (Nonsulation)Medical (Nonsulation)Medical (Nonsulation)	ırgical) l	Misoprostol				■ Medical	(Nonsu	rgical) Mife rgical) Miso rgical) Othe	prostol					
		(~ _F g _y)					(-8,	(~ <i>F</i> 5	<i>37</i>				
Medical (Surgio						Medical (Surgical) Suction Curettage								
☐ Medical (Surgio		astrual Aspiration er (Specify)						al) Menstrual) Other (S		ation				
For Medical (Surgical	al) proce	dures, answer the fo	lowing question	n.		For Medical (Surgica	ıl) procedure	es, answe	er the following	question			
Was the fetus viable Yes	_	e a post fertilization	age at least 20 v	weeks?			us viabl Yes [oost ferti	lization age at l	east 20 w	reeks?		
If the previous quest	ion was a	answered yes, compl	ete the followin	g question	ıs.	If the previou	s questi	on was answ	vered yes	s, complete the	following	g questions.		
Was the fetus given ☐ Yes ☐		t opportunity to surv	ive?				us given Yes [the best opp	portunity	to survive?				
		rmination that the protect to avert death or seri								at the pregnant h or serious im		nad a condition to the pregnant		
Date last normal men	_	an 08/2017		Physician	n estimate	of gestation (i	n weeks	;)	Post fer	tilization age of	f the fetus	s (in weeks)		
How were the gestat			n age determine	ed?							•			
ULTRASOUND														
Full name of physici	-	rming termination												
DR. MANDY GITTL Address of physician		ning termination (num	nber and street,	city, state	, and zip c	rode)								
8645 CONNECTIC	UT STR	EET, MERRILLVI	LLE, IN 46410)										
**Date Reported to DCS, if Patient under 14 (month, day, year):														

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		SS ERRILLVILLE - 8645 CONNEC	CTICUT STREET,	City or tow	n, of pregna	•		County of pregnancy termination LAKE		
Patient's age**	λſ	rried	Date of pregnancy term	ination	Educa	tion				
21	Mai	Yes No	12/06/201		Educa	.1011	High So	chool Diploma or GED		
Race American Indian Native Hawaiian Live Births:			■ White ☐ Othe	k or African A	American	_		ispanic or Latino ot Hispanic or Latino Unknown		
		Number of spontaneou	on terminations			Numl	per of induced ter	rminations		
Other Termination			0 ation. If more than six (6)	those most	recent)			0		
1	s (<i>D</i> 0		3				5	6		
Fetus delivered alive		If yes, length of ti	me fetus survived:				Com	plication(s) of Pregnancy Termination		
☐ Yes ■ I	No						■ None	☐ Uterine Perforation		
							Hemorri	hage		
Fetus viable? Yes I	No.	If viable, medical	reason for termination:				☐ Infection	n Retained Products		
D-4h -1i1i-	_4:	If14					Other (S	pecify)		
Pathological examin performed?	ation	If yes, results:								
☐ Yes ■	No							nation of pregnancy result in a maternal death?		
							l les 🕒	140		
			Туре	of Terminati	on Procedu	res				
Procedure that Term	inate	d Pregnancy		A	dditional Pr	ocedur	e that Terminated	d Pregnancy		
☐ Medical (Nonsu	ırgica	Mifepristone		le	☐ Medical	(Nonsu	rgical) Mifepris	tone		
☐ Medical (Nonsu	ırgica				Medical	(Nonsu	rgical) Misopro	stol		
Wedicar (140iise	iigica	i) Other (Specify)			_ wicaicai	pectyy				
		Suction Curettage Menstrual Aspiration					cal) Suction Cure cal) Menstrual A			
Medical (Surgio				[cal) Other (Speci			
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question.		or Medical (Surgica	al) procedures, a	nswer the following question.		
		nave a post fertilization	• •				_	fertilization age at least 20 weeks?		
	■ N		age at least 20 weeks:			res [Tertifization age at least 20 weeks:		
If the previous quest	ion w	as answered yes, comp	lete the following questio	ns. If	the previou	s quest	ion was answere	d yes, complete the following questions.		
Was the fetus give	n the	best opportunity to surv	rive?		Was the feti	ıs givei	n the best opport	unity to survive?		
☐ Yes [res [
			regnant woman had a con ious impairment to the pr	egnant				on that the pregnant woman had a condition death or serious impairment to the pregnant		
Date last normal men	nses l	negan	Physicia	n estimate of	gestation (i	n wook	s) Pos	t fertilization age of the fetus (in weeks)		
_ acc mot normal men		09/29/2017			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8		
=	ional	age and post fertilization	on age determined?							
ULTRASOUND										
Full name of -1	or c	rforming tomaiti								
DR. MANDY GITTL	-	rforming termination								
	-	-	mber and street, city, stat	e, and zip cod	de)					
8645 CONNECTIC	UT S	TREET, MERRILLVI	LLE, IN 46410							
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day, year):							

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	Address OF MERF	RILLVILLE - 8645 CONNE	CTICUT STREET,		City or tov	vn, of pregna	incy terr			County of pregr	LAKE	
	ī		I D			1						
Patient's age** 24	Marrie [ed ☐ Yes ■ No	Date of pregn	ancy termi 1 2/06/201		Educa	tion		Asso	ciate Degree		
Race American Indian Native Hawaiian Live Births:	or Othe		Asian White		c or African	American		known er now d	Ethnicity Hispa Not H	nnic or Latino Hispanic or Latino)	Unknown
	N	Tumber of spontaneo	1 us terminations				Numh	er of ind	uced termin	0 nations		
Other Termination	.5.		0	han air (6)	thoss	· magant 1	. 101110	or mu		1		
Dates of termination 1. 2016		ot include this termii 2	ation. If more th	nan six (0)	, those most 4	recent.)		5		6		
Fetus delivered alive		If yes, length of t	ime fetus survivo	ed:				1	None		erine Pe	erforation
Fetus viable? Yes	No	If viable, medical	reason for term				_ I	Hemorrhage Infection Other (Spec	☐ Re		aceration	
Pathological examin	ation	If yes, results:										
performed?				Did this			esult in	a maternal death?				
				Tyne	of Termina	tion Procedu	rec					
Decorder 41 (T	ingt- 15	luo an an s		туре				that T				
Procedure that Term Medical (Nonsu Medical (Nonsu Medical (Nonsu	ırgical) ırgical)	Mifepristone Misoprostol				Medical	(Nonsu	rgical) M rgical) M	minated Pr Aifepristone Aisoprostol Other (Speci	e		
Medical (Surgion Medical (Surgio	cal) Mei	nstrual Aspiration				Medical	(Surgic	al) Mens	on Curettaş strual Aspir r (Specify)			
For Medical (Surgic	al) proce	edures, answer the fo	ollowing questio	n.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab	_	e a post fertilization	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at le	ast 20 w	veeks?
If the previous quest	ion was	answered yes, comp	olete the following	ng question	ns. I	f the previou	ıs questi	on was a	nswered ye	es, complete the f	ollowin	g questions.
Was the fetus give		st opportunity to sur	vive?				us given Yes		opportunit	y to survive?		
		ermination that the permination to avert death or se								hat the pregnant v		
Date last normal me	_	gan /30/2017		Physicia	n estimate o	of gestation (in weeks	s)	Post fer	rtilization age of	the fetu:	s (in weeks)
How were the gestat	ional ag	e and post fertilizati	on age determin	ed?					•			
Full name of physici												
Address of physician performing termination (number and street, city, state, and z 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410						ode)						
**Date Reported to DCS, if Patient under 14 (month, day, year):												
r · · · ·				,								

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF ME	S RRILLVILLE	- 8645 CONNE	CTICUT STREET,		City or to	wn, of pregna	•			County of pregnancy termination LAKE
Patient's age** 20	Mar	ried Yes	■ No	Date of pregn	ancy termi		Educa	tion			ollege, No Degree
Race American Indian Native Hawaiian				☐ Asian ■ White	☐ Black	k or African	American	☐ Un	known		unic or Latino Hispanic or Latino
Live Births:		Number r	now living	0				Numb	er now d	eceased	0
Other Termination	s:	Number o	of spontaneo	us terminations 0				Numb	per of ind	uced termin	nations 0
Dates of termination	s (Do			nation. If more th	, ,		t recent.)		5		6.
Fetus delivered alive		1		me fetus surviv							eation(s) of Pregnancy Termination
☐ Yes ■ I						• 1	None	☐ Uterine Perforation			
Fetus viable?		If via	ble, medical	reason for term	ination:				I	Hemorrhage	e Cervical Laceration
Yes I	No			1040011 101 101111					I	nfection	☐ Retained Products
							Other (Spec	rify)			
Pathological examin performed?	ation	If yes	s, results:								
Yes •	No								Did this		on of pregnancy result in a maternal death?
										<u> </u>	J
					Туре	of Termina	tion Procedu	res			
Procedure that Term	inated	l Pregnanc	y				Additional Pr	ocedure	e that Ter	minated Pr	egnancy
☐ Medical (Nonsu										//////////////////////////////////////	
☐ Medical (Nonsu ☐ Medical (Nonsu	ırgical ırgical	l) Misopro l) Other (S	ostol Specify)							Aisoprostol Other (Speci	
Medical (Surgional Control Contro	al) S	uction Cui	rettage				☐ Medical	(Surgic	al) Sucti	on Curettag	
☐ Medical (Surgio										strual Aspir r (Specify)	ration
For Medical (Surgical	al) pro	ocedures, a	nswer the fo	ollowing questio	n.		For Medical (Surgica	al) proced	lures, answ	rer the following question.
Was the fetus viable	_							_	_		ilization age at least 20 weeks?
	■ No						_	Yes [
If the previous quest					ng question	ns.		•		•	es, complete the following questions.
Was the fetus giver ☐ Yes [tunity to sur	vive?				us giver Yes		opportunit	y to survive?
What was the basis											hat the pregnant woman had a condition
that required the pr woman?	ocedu	ire to aver	death of sei	nous impairmen	it to the pro	egnant	woman?	u uie pr	ocedure i	o aven dea	th or serious impairment to the pregnant
Date last normal men		egan 9/05/201	7		Physicia	n estimate o	of gestation (i	n weeks	s)	Post fe	rtilization age of the fetus (in weeks)
How were the gestat				on age determin	ed?						
ULTRASOUND											
Full name of physici	an nei	rforming to	ermination								
DR. MANDY GITTLER											
Address of physician performing termination (number and street, city, state, and z 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410						e, and zip c	ode)				
**Date Reported t	o DC	S, if Pati	ent under 1	4 (month, day,	year):						-

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Facility Name and Add PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410		5 CONNEC	TICUT STREET,		City or tow	vn, of pregna				County of pregna	ancy termination
Patient's age**		T	Date of pregn	nancy termin	ation	Educat	tion				
24		No No		12/06/2017		Buttu				ter's Degree	
Race American Indian or Native Hawaiian or	Other Pacific Isla	ınder	Asian White	■ Black o	or African	American	☐ Unl		Not H	nic or Latino Hispanic or Latino	☐ Unknown
Live Births:	Number now 1	living	0					er now d		0	
Other Terminations:	Number of spo	ontaneou	s terminations 0				Numbe	er of indu	iced termin	nations 0	
Dates of terminations (3		those most	recent.)					
Fetus delivered alive?			a 3		4			5	Complic	ation(s) of Pregnat	ncy Termination
Yes No		gui oi un	ile fetus surviv	reu.				■ N	•	_	rine Perforation
										_	
Fetus viable?	,	medical r	eason for term	nination:					Iemorrhage		vical Laceration
☐ Yes ■ No								∐ Iı	nfection	∐ Reta	ained Products
									Other (Spec	ify)	
Pathological examination performed?	on If yes, resu	ults:									
☐ Yes ■ No	,										sult in a maternal death
								☐ Yes	■ No)	
				Type of		tion Procedur					
Procedure that Termina	nted Pregnancy				A	Additional Pr	ocedure	that Terr	minated Pr	egnancy	
Medical (Nonsurg					ָן בַּן				lifepriston		
☐ Medical (Nonsurging Medical (Nonsurging)	ical) Misoprostoi ical) Other (<i>Speci</i>	fy)							lisoprostol ther (<i>Speci</i>		
Medical (Surgical)	Suction Curettag	re.			_F	☐ Medical	(Surgica	d) Suction	on Curetta	oe.	
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspira				֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Medical	(Surgica	d) Mens	trual Aspir (Specify)		
in Medicai (Surgicai)	Other (Specify)					Wiedicai	(Surgica	ii) Oillei	(ѕресіју)		
					_						
For Medical (Surgical)	procedures, answe	er the foll	lowing questic	on.	F	For Medical (Surgical	l) proced	ures, answ	er the following qu	iestion.
Was the fetus viable o ☐ Yes ■		ilization a	age at least 20	weeks?			ıs viable Yes		a post fert	ilization age at lea	st 20 weeks?
		1	-4- 41 C-11:			_	_				
If the previous question	•	•		ng questions	5.	•	-		•	es, complete the fo	nowing questions.
Was the fetus given tl ☐ Yes ☐		y to survi	ve?				ıs given ∕es □		opportunit	y to survive?	
What was the basis fo	or determination th	nat the pre	egnant woman	had a condi	tion	What was th	ne basis	for deter	mination th	nat the pregnant we	oman had a condition
that required the proc woman?											irment to the pregnant
woman:						woman:					
								_			
Data last	na hanner			Db: '	aati'	f contat: /	1	1	D C	willianti Cd	no fotus (in
Date last normal mense	o9/27/2017			riiysician	esumate o	f gestation (i	n weeks,	,	Post Iei	rtilization age of th 8	
How were the gestation	nal age and post fe	rtilizatio	n age determin	ned?					1		
ULTRASOUND											
P11 C		4.									
Full name of physician DR. MANDY GITTLE											
Address of physician p	erforming termina				and zip co	ode)					
8645 CONNECTICUT	STREET, MER	RILLVIL	.LE, IN 46410	0							
**Date Reported to l	DCS, if Patient u	under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/23/2017

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (N	MONROE CO.) - 421 SOU	TH COLLEGE AVE	ENUE,	City or town, o		ncy termin		County of p	pregnancy terminat MONROE	ion
Patient's age** 24	Marrie	d Yes • No	Date of pregn	nancy termina 12/21/2017		Educat	cion		ool Diploma	or GED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black (or African Am	erican	☐ Unkn	Ethnici Hisp	ty panic or Latino Hispanic or L	o atino 🗍 Un	nknown
Live Births:		umber now living	1					now deceased	0		illio Wi
Other Termination	ns: Nu	umber of spontaneou	us terminations 0				Number	of induced term	inations 0		
Dates of termination	ns (Do no		ation. If more th			ent.)		5		6	
Fetus delivered alive		If yes, length of ti							ication(s) of P	regnancy Terminat	tion
☐ Yes ■	No							■ None		Uterine Perforation	on
Fetus viable?		If viable, medical	reason for term	nination:	ution: Hemorrhage Cervical Lace						ion
☐ Yes ■	, , , , , , , , , , , , , , , , , , , ,	☐ Infection ☐ Retained Produc						ts			
								Other (Spe	ecify)		
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■	No						Ī	Did this terminat Yes 1	1 0	ncy result in a mate	rnal death?
							L		10		
				Type of	f Termination	Procedur	res				
Procedure that Term	ninated Pr	regnancy			Add	itional Pr	ocedure th	hat Terminated I	Pregnancy		
Medical (Nonsu								ical) Mifepristo			
Medical (Nonsu Medical (Nonsu								ical) Misoprosto ical) Other (Spe			
Medical (Surgio								Suction Curett			
Medical (Surgio		strual Aspiration er (Specify)				Medical Medical	(Surgical) (Surgical)	Menstrual AspOther (Specify	iration)		
For Medical (Surgic	al) proce	dures, answer the fo	llowing questio	on.	For I	Medical (Surgical)	procedures, ans	wer the follow	ing question.	
Was the fetus viab ☐ Yes [e a post fertilization	age at least 20	weeks?	Wa		ıs viable o		rtilization age	at least 20 weeks?	
If the previous quest	tion was a	answered yes, comp	lete the following	ng questions	. If the	e previou	s question	was answered	yes, complete	the following quest	tions.
Was the fetus give ☐ Yes [t opportunity to surv	vive?		Wa		ıs given tl Yes 🔲	he best opportun No	ity to survive?		
		rmination that the pr								ant woman had a co	
woman?	rocedure	to avert death or ser	ious impairmen	it to the preg		it required man?	the proce	edure to avert de	eath or serious	impairment to the	pregnant
Date last normal me	_	an 21/2017		Physician	estimate of ge	station (ii	n weeks)	Post	ertilization ag	e of the fetus (in we	eeks)
How were the gestat			on age determin	led?		-					
ULTRASOUND											
Full name of physician performing termination DR. CAROL DELLINGER											
Address of physician performing termination (number and street, city, state, and zi											
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225											
**Date Reported	to DCS,	if Patient under 1	4 (month, day, 3	year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, LOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy					City or t	own, of pregna			Cour		ocy termination ONROE
						1					
19		d ☐ Yes ■ No		ancy termi 2/21/201		Educa	tion			, No Degree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un		spanic or	Latino ic or Latino	☐ Unknown
Live Births:	Nı	umber now living	0				Numb	per now deceased		0	
Other Termination	s: Nu	umber of spontaneou					Numb	per of induced ter	nination		
Dates of termination	s (Do no	t include this termin	ation. If more th	an six (6)	, those mo	ost recent.)		5		6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Comp	lication(s) of Pregnand	cy Termination
	110							None None			ne Perforation
Fetus viable?		If viable, medical	reason for termi	nation:				Hemorrh	age	☐ Cervi	ical Laceration
☐ Yes ■ 1	No							☐ Infection		☐ Retai	ned Products
Pathological examin	ation	If yes, results:			Other (Specify)						
performed?		11 yes, results.						D'141' / '			11 49
res	INO							Yes Yes		oregnancy rest	alt in a maternal death?
				Туре	of Termin	nation Procedur					
Procedure that Term								e that Terminated		cy	
Medical (Nonsumer)Medical (Nonsumer)Medical (Nonsumer)	ırgical) l	Misoprostol					(Nonsu	rgical) Mifeprist rgical) Misopros rgical) Other (Sp	tol		
☐ Medical (Surgio	cal) Men	strual Aspiration				Medical	(Surgic	al) Suction Cure al) Menstrual As al) Other (Specij	piration		
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	n.		For Medical (Surgica	al) procedures, an	swer the	following que	estion.
Was the fetus viab. ☐ Yes [_	e a post fertilization	age at least 20 v	weeks?			us viabl Yes [e or have a post f	ertilizatio	on age at least	20 weeks?
If the previous quest	ion was a	answered yes, comp	lete the followin	g question	ns.	If the previou	s questi	ion was answered	yes, con	nplete the foll	owing questions.
Was the fetus gives Yes		t opportunity to surv	vive?				us giver Yes [the best opportu	nity to sı	urvive?	
		rmination that the protect to avert death or ser									man had a condition ment to the pregnant
Date last normal me	_	an 15/2017		Physicia	n estimate	e of gestation (i	n weeks	s) Post	fertilizat	tion age of the	e fetus (in weeks)
How were the gestat	ional age	e and post fertilization	on age determine	ed?				I			
Full name of physici DR. CAROL DELL	-	rming termination									
Address of physician performing termination (number and street, city, state, and zip co 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225						code)					
**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCS	SS SI) (MONROE CO.) - 421 SOU	ITH COLLEGE AVENUE,	City or tow	n, of pregna	•			County of pregnar	ocy termination DNROE
Patient's age**	Ma	rried	Date of pregnancy term		Educat	tion		Some Co	ollege, No Degree	,
Race American Indian Native Hawaiian Live Births:		laska Native		k or African	American	Unl		Ethnicity Hispa Not H		Unknown
Other Termination	s:	Number of spontaneo				Numb	er of indu	ced termin		
Dates of termination	s (Do	not include this termin	nation. If more than six (6)), those most	recent.)		5		6	
Fetus delivered alive		If yes, length of ti	me fetus survived:				■ N	•		cy Termination ne Perforation ical Laceration
Fetus viable? Yes 1			reason for termination:				☐ In	fection ther (Spec	Retai	ned Products
Pathological examin performed?		If yes, results:					Did this	terminatio		ult in a maternal death?
			Tuna	of Terminet	ion Procedur	es				
Procedure that Term	inate	d Pregnancy	1 ype		Additional Pr		that Term	ninated Pr	regnancy	
Medical (NonsuMedical (Nonsu	ırgica ırgica	d) Mifepristone		_	Medical Medical	(Nonsui (Nonsui	gical) M	ifepristono isoprostol ther (Speci	e	
	cal) N	Suction Curettage Menstrual Aspiration Other (Specify)			Medical Medical Medical	(Surgica	al) Menst	on Curettaş rual Aspir (Specify)	ge ration	
For Medical (Surgic	al) pr	ocedures, answer the fo	ollowing question.		For Medical (Surgica	l) procedi	ıres, answ	er the following que	estion.
	le or l	have a post fertilization o	age at least 20 weeks?		_	us viable Yes	_	a post fert	ilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, comp	lete the following questio	ns. I	f the previou	s questi	on was an	swered ye	es, complete the foll	owing questions.
Was the fetus gives Yes		best opportunity to surv	vive?			us given Yes 🗀		opportunit	y to survive?	
			regnant woman had a con ious impairment to the pr							man had a condition ment to the pregnant
			1 =					1		
Date last normal me		10/26/2017		in estimate o	f gestation (i	n weeks)	Post fe	rtilization age of the	e ietus (in weeks)
How were the gestat ULTRASOUND	age and post fertilization	on age determined?								
Eall as C. 1. 1.										
DR. CAROL DELL	INGE									
	-	Forming termination (nu	amber and street, city, stat 6225	e, and zip co	de)					
**Date Reported t	to DO	CS, if Patient under 1	4 (month, day, year):						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/23/2017

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		·			·			
Facility Name and Ad PLANNED PARENTHOOD (F BLOOMINGTON, IN, 47403		MONROE CO.) - 421 SOUT	H COLLEGE AVE	NUE,		ancy termination		County of pregnancy termination MONROE
Patient's age** 20	Marrio	ed □ Yes ■ No		ancy termination	Educa	ntion	Some Coll	ege, No Degree
Race American Indian o Native Hawaiian o			☐ Asian ■ White	☐ Black or Afri	ican American	Unknown		ic or Latino Spanic or Latino
Live Births:	N	Jumber now living		_		Number now o		0
Other Terminations:	. N	Jumber of spontaneou				Number of ind	luced termina	tions
Dates of terminations		ot include this termina	ution. If more th	nan six (6), those i	nost recent.)			0
1		2	3		4	5		6
Fetus delivered alive?		If yes, length of tir	ne fetus surviv	ed:			Complicat	ion(s) of Pregnancy Termination
☐ Yes ■ N	0						None	☐ Uterine Perforation
7							Hemorrhage	☐ Cervical Laceration
Fetus viable? Yes No.	0	If viable, medical	reason for term	ination:			Infection	☐ Retained Products
								_
D-4h-1i1i	··	TC14				' ' '	Other (Specif	y)
Pathological examinat performed?	non	If yes, results:						
☐ Yes ■ N	lo					Did thi ☐ Ye		of pregnancy result in a maternal death?
						10	S <u>- 110</u>	
				Type of Term	nination Procedu	ıres		
Procedure that Termin	nated F	Oregnanov		••	Additional P	rocedure that Ter	rminated Pres	mancy
_		•						mancy
☐ Medical (Nonsur ☐ Medical (Nonsur	gical)	Misoprostol			Medical Medical	(Nonsurgical) Nonsurgical) Nonsurgical)	Misoprostol	
☐ Medical (Nonsur	gical)	Other (Specify)			☐ Medical	(Nonsurgical)	Other (Specify	·)
Medical (Surgical)						(Surgical) Suct		
☐ Medical (Surgica☐ Medical (Surgica		nstrual Aspiration ner (Specify)				(Surgical) Men (Surgical) Othe		cion
	,	. 1 337				` "	1 337	
For Medical (Surgical) mmoo	advess anarrae tha fal	lavvina avastia		For Madical	(Cympical) mmaca	duna anarran	the following question.
	_							• •
Was the fetus viable ☐ Yes ■	_	ve a post fertilization	age at least 20	weeks?		tus viable or have Yes No	e a post fertili	zation age at least 20 weeks?
If the previous question	on was	answered yes, compl	ete the following	ng questions.	If the previou	us question was a	answered yes,	complete the following questions.
Was the fetus given ☐ Yes ☐		st opportunity to surv	ive?			tus given the best Yes \(\Boxed{\text{No}}\) No	topportunity	to survive?
		ermination that the pr						t the pregnant woman had a condition
that required the pro woman?	cedure	e to avert death or seri	ous impairmen	t to the pregnant	that require woman?	ed the procedure	to avert death	or serious impairment to the pregnant
D-4-141	1			Dhanisian action		···	D4 f4	1:
Date last normal mens	-	gan /27/2017		Physician estima	ite of gestation (in weeks)	Post terti	lization age of the fetus (in weeks) 5
How were the gestation	onal ag	ge and post fertilizatio	n age determin	ed?				
ULTRASOUND								
Full name of physician								
DR. CAROL DELLIN								
Address of physician p 200 S. MERIDIAN S	_	-		, city, state, and zi	p coae)			
		-,						
**Date Reported to	DCS	, if Patient under 14	(month, day,	vear):				

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Facility Name and Add	dress	MONROE CO.) - 421 SOUT	TH COLLEGE AVE	City o		ancy termination	County of pregnancy termination		
BLOOMINGTON, IN, 47403	y (·			<u> </u>	BLOO	MINGTON	MONROE		
Patient's age** 32	Marrie [d Yes • No		ancy termination	Educa	ation	Bachelor's Degree		
Race American Indian or Native Hawaiian or	r Othe	r Pacific Islander	Asian White	☐ Black or Afr	ican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino Unkno	own	
Live Births:	N	umber now living	0			Number now de	0		
Other Terminations:		umber of spontaneou	0			Number of indu	uced terminations 0		
Dates of terminations (ot include this termino				5	6		
Fetus delivered alive? Yes No		If yes, length of tir			*	1	Complication(s) of Pregnancy Termination		
Fetus viable? Yes No	D .	If viable, medical	reason for term	ination:			Hemorrhage		
Pathological examinati	ion	If yes, results:					Other (Specify)		
performed? Yes No		ii yes, tesaks.				Did this ☐ Yes	s termination of pregnancy result in a materna	l death?	
				Tune of Term	nination Procedu	irac			
Procedure that Termin	nated D	reanancy		rype or rem	Additional P		minated Pregnancy		
						(Nonsurgical) M	•		
Medical (Nonsurg	gical)	Misoprostol			☐ Medical	(Nonsurgical) M (Nonsurgical) O	lisoprostol (1997)		
Medical (Surgical Medical (Surgical Medical (Surgical	l) Mei	strual Aspiration			☐ Medical	(Surgical) Suction (Surgical) Mens (Surgical) Other	strual Aspiration		
For Medical (Surgical)) proce	edures, answer the fol	lowing questic	n.	For Medical	(Surgical) proced	ures, answer the following question.		
Was the fetus viable Yes		e a post fertilization	age at least 20	weeks?		tus viable or have Yes	a post fertilization age at least 20 weeks?		
If the previous question	n was	answered yes, compl	ete the followin	ng questions.	If the previou	us question was a	nswered yes, complete the following question	S.	
Was the fetus given t ☐ Yes ☐		st opportunity to surv	ive?			tus given the best Yes No	opportunity to survive?		
What was the basis for that required the produced woman?							mination that the pregnant woman had a cond o avert death or serious impairment to the pre		
Date last normal mense	es heo	an		Physician estima	ate of gestation (in weeks)	Post fertilization age of the fetus (in week:	;)	
	10/	28/2017		-	7	· ····/	5	,	
How were the gestation	How were the gestational age and post fertilization age determined? LTRASOUND								
<u> </u>									
Full name of physician DR. CAROL DELLIN	IGER								
Address of physician p 200 S. MERIDIAN ST		-		t, city, state, and z	ip code)				
**Date Reported to	DCS,	if Patient under 14	1 (month, day,	year):					

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	S I) (MONROE CO.) - 421 SOU	NUE,	City or t	own, of pregna	•			County of pregnan	cy termination		
Patient's age**		. ,	Date of pregn	ancy town:	nation	Educa	ntion				1
24	Mai	ried ☐ Yes ■ No		ancy termin		Educa	uion		Bach	elor's Degree	
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black	or Africa	an American		known er now d	■ Not I	anic or Latino Hispanic or Latino	Unknown
Live Births:		Number now living	0							0	
Other Termination	s:	Number of spontaneou	is terminations 0				Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin	•			ost recent.)					
1		2				4		5	Complic	cation(s) of Pregnanc	vy Termination
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					•	_	•
								1	None	∐ Uterii	ne Perforation
Fetus viable?		If viable, medical	reason for term	ination:					Hemorrhag	e	cal Laceration
☐ Yes ■	No	, , , , , , , , , , , , , , , , , , , ,						□ I	nfection	☐ Retain	ned Products
									Other (Spec	cify)	
Pathological examin	ation	If yes, results:						_	. 1		
performed?											
☐ Yes ■	No							Did this			It in a maternal death?
				Тута -	of Torres!	nation Dross-I	rac				
				1 ype 0	n reimii	nation Procedu					
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy	
Medical (NonsuMedical (NonsuMedical (Nonsu	ırgica					Medical	(Nonsu	rgical) N	Mifepriston Misoprostol Other (Spec	[
	4) 6										
		uction Curettage Menstrual Aspiration				☐ Medical	(Surgic	al) Sucti al) Mens	on Curetta strual Aspir	ge ration	
Medical (Surgio									r (Specify)		
For Medical (Surgic	al) pr	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	 stion.
	_						_	_		tilization age at least	
	N	nave a post fertilization	age at least 20	weeks?		_	Yes [a post tert	mization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	lete the followir	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.
Was the fetus give ☐ Yes [best opportunity to surv	rive?				us giver Yes [_	opportunit	ty to survive?	
		etermination that the pr								hat the pregnant won	
that required the programmer woman?	oced	ire to avert death or ser	ious impairmen	it to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	ath or serious impair	ment to the pregnant
Date last normal me		oegan 1/01/2017		Physician	estimate	e of gestation (ın weeks	5)	Post fe	rtilization age of the 5	tetus (in weeks)
How were the gestat		age and post fertilization	n age determin	ed?		<u> </u>					
ULTRASOUND	ILTRASOUND										
DR. CAROL DELL	INGE										
	-	orming termination (num		t, city, state,	and zip	code)					
200 G. MILKIDIAN											
**Dot- D-											
· · Date Reported t	υDC	CS, if Patient under 1	+ (month, day, j	year)						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD (PF BLOOMINGTON, IN, 47403							ncy terminatio	n	County of pregnancy termination MONROE	
r										
33	Aarrie [d Yes • No		nancy terminat 12/21/2017	tion	Educa	tion		nelor's Degree	
Race American Indian or Native Hawaiian or	Othe	r Pacific Islander	Asian White	☐ Black or ☐ Other	r Africa	an American	Unknown	■ Not	y anic or Latino Hispanic or Latino	
Live Births:	N	umber now living	0				Number now	deceased	0	
Other Terminations:	N	umber of spontaneous	terminations				Number of in	duced term	inations 0	
Dates of terminations (A	Do no	t include this termina	tion. If more t	than six (6), th	nose mo	ost recent.)				
1	2		3			4	5.		6	
Fetus delivered alive? Yes No		If yes, length of tim	e fetus surviv	ved:				Compli	cation(s) of Pregnancy Termination	
								None	Uterine Perforation	
Fetus viable?		If viable, medical re	eason for term	nination:	Hemorrhage Cervical Laceration					
Yes No		ii viaole, inculcai io	cuson for term	☐ Infection ☐ Retained Products						
							lп	Other (Spe	cify)	
Pathological examination	on	If yes, results:		Guiei (specify)						
performed?										
Yes No)						Did tl □ Y		on of pregnancy result in a maternal death?	
									~	
				Type of	Tarmii	nation Procedur	*00			
				Type of	TCHIIII					
Procedure that Termina	ited P	regnancy				Additional Pr	ocedure that T	erminated P	regnancy	
Medical (NonsurgiMedical (Nonsurgi							(Nonsurgical) (Nonsurgical)			
Medical (Nonsurgi							(Nonsurgical)			
Medical (Surgical)	Suc	tion Curettage				☐ Medical	(Surgical) Suc	tion Curetts	nge	
☐ Medical (Surgical)) Mei	strual Aspiration					(Surgical) Me	nstrual Aspi	iration	
Medical (Surgical)) Oth	er (Specify)				☐ Medical	(Surgical) Oth	er (<i>Specify)</i>		
For Medical (Surgical)	proce	dures, answer the foll	owing question	on.		For Medical (Surgical) proc	edures, ansv	ver the following question.	
Was the fetus viable of		e a post fertilization a	ge at least 20	weeks?				ve a post fer	tilization age at least 20 weeks?	
☐ Yes ☐	No					\	Yes No			
If the previous question	was	answered yes, comple	te the followi	ng questions.		If the previou	s question was	answered y	es, complete the following questions.	
Was the fetus given th		t opportunity to survi	ve?				us given the be	st opportuni	ty to survive?	
Yes	No						Yes No			
What was the basis for that required the process.									that the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?	caare	to avera death of series	as impairme.	n to the pregn		woman?	a are procedure	o to avert de	and of serious impairment to the pregnant	
Date last normal mense	es beg	an		Physician es	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)	
	11/	05/2017				6	, 		4	
_	ow were the gestational age and post fertilization age determined?									
OLIKASOUND	ILTRASOUND									
Full name of physician	norf-	rmina tamination								
Full name of physician DR. CAROL DELLING		iming termination								
Address of physician po		-		t, city, state, a	ınd zip	code)				
200 S. MERIDIAN ST	, IND	IANAPOLIS, IN 462	225							
**Date Reported to 1	DCS,	if Patient under 14	(month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/23/2017

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Facility Name and Ad PLANNED PARENTHOOD (I BLOOMINGTON, IN, 47403	ldress PPCSI	S) (MONROE CO.) - 421 SOUTH CO	LLEGE AVENUE,	City or		incy termination	County of pregnancy term MONRO		
		Γ.			T				
27	Marı	ried Date Yes No	e of pregnancy terr 12/21/20		Educa		gh School Diploma or GED		
Race American Indian of Native Hawaiian of	or Otl	ner Pacific Islander 🔳 W			can American	Unknown		Unknown	
Live Births:		Number now living	1			Number now de	ceased 0		
Other Terminations	:	Number of spontaneous terr	ninations 0			Number of indu	red terminations		
Dates of terminations	(Do	not include this termination.	If more than six (6), those m	nost recent.)				
1		2	3		4	5	6		
Fetus delivered alive? Yes N		If yes, length of time fe	tus survived:				Complication(s) of Pregnancy Terr	mination	
						■ N	one Uterine Per	foration	
Fetus viable?		If viable, medical reaso	n for termination:			— П	emorrhage	ceration	
Yes N	Ю	ii viaole, incarcai reaso	n for termination.			☐ In	Fection Retained Pr	oducts	
						По	her (Specify)		
Pathological examination	tion	If yes, results:					(-2)		
performed?		y ,							
Yes N	Ю					Did this Yes	ermination of pregnancy result in a No	maternal death?	
		1				<u>l =</u>			
			Tur	e of Termi	ination Procedu	res			
Drope drope di 4 77	nc. 1	Dra amore	<u> </u>				in atad Duag		
Procedure that Termin	nated	Pregnancy			Additional Pr	ocedure that Term	inated Pregnancy		
☐ Medical (Nonsur☐ Med						(Nonsurgical) M (Nonsurgical) M			
Medical (Nonsur						(Nonsurgical) O			
Medical (Surgical)	al) Si	uction Curettage			☐ Medical	(Surgical) Suction	1 Curettage		
☐ Medical (Surgica	al) M	enstrual Aspiration				(Surgical) Menst	ual Aspiration		
Medical (Surgica	al) O	ther (Specify)			Medical	(Surgical) Other	Specify)		
For Medical (Surgical	l) pro	cedures, answer the following	ng question.		For Medical ((Surgical) procedu	res, answer the following question.		
Was the fetus viable ☐ Yes ■		ave a post fertilization age a	t least 20 weeks?			us viable or have Yes No	post fertilization age at least 20 we	eeks?	
	_	as answered yes, complete th	ne following questi	ions.			swered yes, complete the following	questions.	
		est opportunity to survive?	1			•	pportunity to survive?	1	
☐ Yes ☐		or off				Yes No			
		etermination that the pregna					ination that the pregnant woman ha		
that required the pro- woman?	ocedu	re to avert death or serious i	mpairment to the p	oregnant	woman?	d the procedure to	avert death or serious impairment t	o the pregnant	
Date last normal mens	cec h	egan	Dhyaia	ian estimat	te of gestation (i	in weeks)	Post fertilization age of the fetus	(in weeks)	
Date last normal mens		egan 9/25/2017	1 Hysic	ian coullid	13	n weeks	Post fertilization age of the fetus 11	im weeks)	
	How were the gestational age and post fertilization age determined?								
ULTRASOUND	JLTRASOUND								
-									
Full name of physicia DR. CAROL DELLIN									
	-	rming termination (number IDIANAPOLIS, IN 46225	and street, city, sto	ate, and zip	code)				
	.,								
**Date Reported to	DC	S, if Patient under 14 (mo	onth, day, year): _						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (N	IONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termi MONROE					
Patient's age** 26	Married	l Yes 🗌 No	Date of pregna	ancy term 12/21/201		Educa	tion		ociate Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un		y panic or Latino Hispanic or Latin	o 🔲 Unknown	
Live Births:	Nι	ımber now living	0				Numb	per now deceased	0		
Other Termination	s: Nu	ımber of spontaneou					Numb	per of induced term			
Dates of termination	s (Do no.	t include this termin	ation. If more th	nan six (6)), those me	ost recent.)		5	6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Compl	ication(s) of Pregr	nancy Termination	
	- 1					terine Perforation					
Fetus viable?	If viable, medical	reason for term	ination:				☐ Hemorrha	_	ervical Laceration		
☐ Yes ■ I							☐ Infection ☐ Other (Spe	_	etained Products		
Pathological examin	If yes, results:						U Other (Spe	ecijy)			
performed?							Did this terminat	ion of pregnancy	result in a maternal death?		
								Yes I			
				Tv.m	of Tomes!	nation Procedu	ras				
Procedure that Term	ingted Pr	agnancy		Туре	or remin			e that Terminated I	Prognancy		
☐ Medical (Nonsu		•						rgical) Mifepristo			
Medical (Nonsu	ırgical) I	Misoprostol				☐ Medical	(Nonsu	rgical) Misoprosto rgical) Other (Spe	ol		
Medical (Surgio	cal) Men	strual Aspiration				☐ Medical	(Surgic	eal) Suction Curett eal) Menstrual Asp eal) Other (Specify	iration		
For Medical (Surgical	al) proce	dures, answer the fo	llowing question	n.		For Medical	Surgica	al) procedures, ans	wer the following	question.	
Was the fetus viab ☐ Yes [_	e a post fertilization	age at least 20 v	weeks?			us viabl Yes [e or have a post fe No	rtilization age at le	east 20 weeks?	
If the previous quest	ion was a	nnswered yes, comp	lete the followin	ng question	ns.	If the previou	s questi	ion was answered	ves, complete the	following questions.	
Was the fetus given ☐ Yes ☐		t opportunity to surv	vive?				us giver Yes [the best opportun No	ity to survive?		
		rmination that the pa to avert death or ser								woman had a condition pairment to the pregnant	
Date last normal men	_	nn 26/2017		Physicia	n estimate	e of gestation (i	n weeks	Post f	ertilization age of	the fetus (in weeks) 6	
How were the gestat ULTRASOUND	ional age	and post fertilization	on age determine	ed?				I			
OLINAGOON D											
Full name of physici DR. CAROL DELL	_	ming termination									
Address of physician 200 S. MERIDIAN	-	-		, city, stat	e, and zip	code)					
**Date Reported t	to DCS,	if Patient under 1	4 (month, day, y	vear):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PLANNED PARENTHOOD (PPO BLOOMINGTON, IN, 47403	ess CSI) (N	IONROE CO.) - 421 SOUTH COLLEGE A	AVENUE, Ci	City or town, of pregnancy termination County of BLOOMINGTON						ey termination NROE
		Τ			- I					,
32	arrie	Date of pre	egnancy terminat 12/21/2017	tion	Educat	tion	-		elor's Degree	
Race American Indian or A Native Hawaiian or C	Other	Pacific Islander White	☐ Black or ☐ Other	Afric	an American		known [Not H	nic or Latino ispanic or Latino	Unknown
Live Births:	Nι	umber now living	4			Numb	per now deco	eased	0	
Other Terminations:	Nι	umber of spontaneous terminatio	ons 1			Numb	per of induce	ed termin	ations 0	
Dates of terminations (D	o no	t include this termination. If mor	re than six (6), the	ose m	ost recent.)		-		-	
Fetus delivered alive?	_ 2.	If yes, length of time fetus sur	vived:		4		5	Complica	ntion(s) of Pregnanc	y Termination
Yes No		in yes, rengar or time retus sur	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				■ Noi	ne	☐ Uterin	e Perforation
								morrhage	_	cal Laceration
Fetus viable?		If viable, medical reason for te	ermination:					Ü		
☐ Yes ■ No							☐ Infe	ection	☐ Retain	ned Products
							Oth	ner (<i>Speci</i>	fy)	
Pathological examination performed?	n	If yes, results:								
Yes No										It in a maternal death?
							Yes	■ No		
			Type of	Termi	nation Procedur	ec				
<u> </u>			1 ype of	1 (11111)	nation Procedur		a :=			
Procedure that Terminate	ed Pr	regnancy			Additional Pr	ocedure	e that Termi	nated Pre	egnancy	
Medical (NonsurgicMedical (Nonsurgic							rgical) Mif			
Medical (Nonsurgic							rgical) Oth		fy)	
Medical (Surgical)	Suct	ion Curettage			☐ Medical	(Surgic	al) Suction	Curettag	e	
☐ Medical (Surgical) ☐ Medical (Surgical)	Men	strual Aspiration			☐ Medical	(Surgic	al) Menstru al) Other (S	ual Aspira		
Medical (Bargical)	Ouic	i (specify)			Wiedlean	(Burgie	an) Outer (c	<i>эрссіју)</i>		
For Medical (Surgical) n	roce	dures, answer the following ques	stion		For Medical (Surgica	al) procedur	es answe	er the following ques	 stion
							, 1		0 1	
Was the fetus viable of ☐ Yes ☐ N		e a post fertilization age at least 2	20 weeks?			is viabi		post terti	lization age at least	20 weeks?
If the previous question	was a	answered yes, complete the follo	wing questions.		If the previou	s questi	ion was ans	wered yes	s, complete the follo	wing questions.
Was the fetus given the		t opportunity to survive?			Was the fett	ıs giver Yes [portunity	to survive?	
		rmination that the pregnant wom							at the pregnant worr	
		to avert death or serious impairn								nent to the pregnant
•					Jimii					
Date last normal menses	bega	an	Physician es	stimate	e of gestation (i	n weeks	5)	Post fer	tilization age of the	fetus (in weeks)
		KNOWN	- 19 and 19		7				5	
How were the gestationa ULTRASOUND	u age	and post fertilization age detern	nined?							
Full name of physician p		rming termination								
Address of physician per	rform	ning termination (number and str	reet, city, state, a	nd zip	code)					
200 S. MERIDIAN ST,	IND	IANAPOLIS, IN 46225								
**Date Reported to D	CS,	if Patient under 14 (month, da	ay, year):							

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Facility Name and Address Planned Parenthood (PP BLOOMINGTON, IN, 47403	ress PCSI) (I	MONROE CO.) - 421 SOUTH CO	LLEGE AVENUE,	City or	y or town, of pregnancy termination BLOOMINGTON County of pregnancy termin MONROE					
34	/arrie	d Dat Yes No	e of pregnancy ter 12/21/2		Educa	tion		llege, No Degree		
Race American Indian or Native Hawaiian or	Othe	r Pacific Islander 🔳 W			can American	Unknown	■ Not H	nic or Latino 🔲 Unknown		
Live Births:	N	umber now living	1			Number now d	eceased	0		
Other Terminations:	N	umber of spontaneous terr	ninations 0			Number of ind	uced termin	ations 0		
Dates of terminations (I	Do no	t include this termination	If more than six	(6), those m	nost recent.)					
1	2	·	3		4	5	C 1:	6		
Fetus delivered alive? Yes No		If yes, length of time fe	tus survived:				_	ation(s) of Pregnancy Termination		
						1	None	☐ Uterine Perforation		
Fetus viable?		If viable, medical reaso	n for termination:			I	Hemorrhage	☐ Cervical Laceration		
☐ Yes ■ No						□ I	nfection	☐ Retained Products		
							Other (Speci	ify)		
Pathological examination	on	If yes, results:								
performed?						D:1.1:				
☐ Yes ■ No)					Did this		n of pregnancy result in a maternal death?		
			Tv	pe of Termi	ination Procedu	res				
Duo and that Tomming	tod D						main atad Dua	A CAMPANIA A V		
Procedure that Termina					_	rocedure that Ter				
☐ Medical (Nonsurgi☐ Medical (Nonsurgi						(Nonsurgical) N (Nonsurgical) N				
Medical (Nonsurgi						(Nonsurgical)		fy)		
Medical (Surgical)	Suc	tion Curettage			☐ Medical	(Surgical) Sucti	on Curettag	ge		
Medical (Surgical) Medical (Surgical)	Mer	strual Aspiration			☐ Medical	(Surgical) Mens (Surgical) Other	strual Aspira			
- Wiedieur (Burgieur)	our	or (specify)			Wiediear	(Burgicur) Guic	(Specify)			
For Medical (Surgical)	nroce	dures, answer the following	ng question		For Medical ((Surgical) proced	lures answe	er the following question.		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	•								
Was the fetus viable of Yes ■		e a post fertilization age a	t least 20 weeks?			us viable of have Yes	a post terti	lization age at least 20 weeks?		
If the previous question	was	answered yes, complete th	ne following quest	tions.	If the previou	is question was a	nswered yes	s, complete the following questions.		
Was the fetus given th ☐ Yes ☐		at opportunity to survive?				us given the best Yes \(\sime\) No	opportunity	y to survive?		
		ermination that the pregna	nt woman had a c	ondition		_	mination th	at the pregnant woman had a condition		
that required the proce		to avert death or serious i			that require			th or serious impairment to the pregnant		
woman?					woman?					
<u>L</u>					1					
Date last normal mense	_		Physic	cian estimat	te of gestation (i	in weeks)	Post fer	tilization age of the fetus (in weeks)		
How were the gestation		10/2017 e and post fertilization age	determined?		11			9		
ULTRASOUND	iui ug	t and post fortingation age	determined.							
Full name of physician DR. CAROL DELLING		rming termination								
Address of physician pe	erforn	ning termination (number	and street, city, st	tate, and zip	o code)					
ZUU S. MEKIDIAN SI	, IND	IANAPOLIS, IN 46225								
**Date Reported to I	DCS,	if Patient under 14 (me	onth, day, year): _							

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Facility Name and Adplanned Parenthood BLOOMINGTON, IN, 47403	(PPCS	S) (MONROE CO.) - 421 SOUT	H COLLEGE AVE	ENUE,	City or t		ncy termination		County of pregnar	ncy termination ONROE
				I					1	
Patient's age** 25	Mar	ried Yes I No	Date of pregn	nancy termina 12/21/2017	tion	Educat	ion	Some Co	ollege, No Degree	•
Race American Indian Native Hawaiian			Asian White	☐ Black of	r Africa	an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	2	oulei			Number now o		0	CIIKIOWII
Other Terminations	2.	Number of spontaneou					Number of ind	uced termi	nations	
		not include this termina	tion. If more t	han six (6), th	hose mo	ost recent.)			0	
1		2	*			4	5		6	
Fetus delivered alive		If yes, length of tin	ne fetus surviv	red:				Compli	cation(s) of Pregnan	cy Termination
res r	NO						•	None	☐ Uteri	ne Perforation
Fetus viable?		If viable, medical r	rasson for term	vination:				Hemorrhag	e Cerv	ical Laceration
Yes I N	No	ii viable, illedical i	eason for term	illiation.				Infection	☐ Retai	ined Products
							I	Other (Spec	cify)	
Pathological examina	ation	If yes, results:					\dashv	, 1		
performed?							=			
☐ Yes ■ 1	No						Did thi			ult in a maternal death?
		•								
				Type of	Termir	nation Procedur	es			
Procedure that Termi	inated	Pregnancy		•			ocedure that Te	minated Pr	reanancy	
_										
Medical (Nonsu: Medical (Nonsu:	rgical) Misoprostol				Medical	(Nonsurgical) I (Nonsurgical) I	Misoprostol	1	
Medical (Nonsu	rgical) Other (Specify)				☐ Medical	(Nonsurgical) (Other (Spec	rify)	
Medical (Surgic							(Surgical) Suct			
☐ Medical (Surgice ☐ Medical (Surgice		Ienstrual Aspiration ther (Specify)					(Surgical) Men (Surgical) Othe		ration	
For Medical (Surgica	al) pro	ocedures, answer the fol	lowing questic	nn		For Medical (Surgical) proces	lures answ	ver the following que	estion
	_	ave a post fertilization a								
Yes [ige at least 20	weeks?			es No	e a post teri	tilization age at least	20 weeks?
If the previous questi	ion w	as answered yes, comple	ete the following	ng questions.		If the previous	s question was a	inswered ye	es, complete the foll	owing questions.
Was the fetus given	n the l	est opportunity to survi	ve?			Was the fetu	is given the besi	opportuni	ty to survive?	
☐ Yes ☐] No					☐ Y	es No			
		etermination that the property to avert death or serie								man had a condition ment to the pregnant
woman?	oceat	ite to avert death of seri	ous impairmei	it to the pregi	iant	woman?	i ilie procedure	io avert dea	aui oi serious iiipaii	ment to the pregnant
Date last normal men	ises b	egan		Physician e	estimate	e of gestation (in	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)
	U	NKNOWN		Ţ		8			6	
How were the gestati ULTRASOUND	ional	age and post fertilization	n age determin	ied?						
SETTAGOUND										
Full name of physicia	an na	forming termination								_
DR. CAROL DELLI	_	-								
= :	_	orming termination (num		t, city, state, c	and zip	code)				
200 S. MERIDIAN S	sT, IN	IDIANAPOLIS, IN 46	225							
**Date Reported to	o DC	S, if Patient under 14	(month day	vear).						
Law Reported to	<i>-</i>	~, aucin anacı 14	, monin, auy,	, cui j					_	

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Patient's age**	Mari	ried	Date of pregn	nancv termin	nation	Educa	tion							
25	Mar	Yes No		12/21/2017		Lauca	iioii	н	igh Scho	ol Diploma or Gl	ĒD			
Race American Indian o Native Hawaiian o			Asian White	☐ Black	or Africa	an American	☐ Unl	known		nic or Latino Iispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Numb	er now d	eceased	0				
Other Terminations	::	Number of spontaneou	s terminations				Numb	er of indu	uced termin	nations 1				
Dates of terminations 02/18/2016	s (Do	not include this termina 2. UNKNOWN	tion. If more t	than six (6),	those mo	ost recent.)		5		6				
Fetus delivered alive	?	If yes, length of tim		ved:		*·			Complic	ation(s) of Pregnan	cy Termination			
☐ Yes ■ N	Ю							■ N	None	☐ Uter	ine Perforation			
								□ F	Hemorrhage	e 🔲 Cerv	rical Laceration			
Fetus viable? Yes N	lo.	If viable, medical r	eason for term	nination:				П	nfection	□ Reta	ined Products			
									Other (Spec	_				
Pathological examina	ntion	If yes, results:							outer (spec	ijy)				
performed?		11 yes, results.												
☐ Yes ■ N	No							Did this			ult in a maternal death?			
		1					I		*					
				Type o	of Termir	nation Procedur	res							
Procedure that Termin	nated	Pregnancy				Additional Pr		that Terr	minated Pr	egnancy				
☐ Medical (Nonsur									lifepristone					
☐ Medical (Nonsur	rgical) Misoprostol					(Nonsur	gical) M	Iisoprostol					
Medical (Nonsur	rgicai) Other (Specify)				Medical	(Nonsur	gicai) U	ther (Speci	Jy)				
Medical (Surgical Medical (Surgical Surgical Surgical Surgical Surgical Surgical Surgical Surgical Medical Surgical Surg		action Curettage Ienstrual Aspiration							on Curettag strual Aspir					
Medical (Surgica									(Specify)	ution				
For Medical (Surgica	l) pro	cedures, answer the fol	lowing questic	on.		For Medical (For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable	e or h	ave a post fertilization a	nge at least 20	weeks?		Was the fett	us viable	e or have	a post ferti	ilization age at leas	t 20 weeks?			
☐ Yes ■	No						Yes	No	•	-				
If the previous question	on wa	as answered yes, comple	ete the following	ng questions	s.	If the previou	s questi	on was a	nswered ye	s, complete the fol	lowing questions.			
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes		opportunit	y to survive?				
		etermination that the pro	eonant women	had a condi	ition	_	_	_	mination th	nat the pregnant wo	man had a condition			
that required the pro		re to avert death or seri-				that require					rment to the pregnant			
woman?						woman?								
									T = -					
Date last normal men		egan 9/15/2017		Physician	estimate	e of gestation (i	n weeks)	Post fei	tilization age of th	e retus (<i>in weeks)</i>			
=	onal a	age and post fertilization	n age determin	ned?					l .					
ULTRASOUND														
Full name of of	n ~	forming towning!												
Full name of physicia DR. CAROL DELLII	_	-												
= -	_	orming termination (num		t, city, state,	and zip	code)								
200 S. MERIDIAN S	oT, IN	IDIANAPOLIS, IN 46	225											
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):										

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	1									
Patient's age** 20	Marrie [d Yes • No	Date of pregn	nancy terminancy 12/21/201		Educat	tion			ollege, No Degree
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black		an American	■ Unkn	own	Ethnicity Hispa Not H	unic or Latino Hispanic or Latino
Live Births:		umber now living	0				Number			0
Other Termination	s: N	umber of spontaneo					Number	of indu	ced termin	nations
Dates of termination	s (Do no	t include this termi	nation. If more to	han six (6),	those me	ost recent.)				0
1	2	·	3			4		5		6
Fetus delivered alive		If yes, length of t	ime fetus surviv	ved:					Complic	ration(s) of Pregnancy Termination
	110							■ N	one	☐ Uterine Perforation
Fetus viable?		If viable, medica	reason for term	nination:				□ н	emorrhag	e Cervical Laceration
Yes •	No	ii viuoto, inicultus	1000011101101111					☐ In	fection	☐ Retained Products
								□ 0	ther (Spec	rify)
Pathological examin	ation	If yes, results:								
performed? Yes	No						-	Oid this	tarminatio	on of pregnancy result in a maternal death?
	110							Yes		
				Туре	of Termin	nation Procedur	res			
Procedure that Term	inated P	regnancy				Additional Pr	ocedure th	nat Tern	ninated Pr	egnancy
Medical (Nonsu		•					(Nonsurgi			
Medical (Nonsu	irgical)	Misoprostol					(Nonsurgi	ical) M	isoprostol	
Medical (Nonsu	irgicai)	Otner (Specify)				Medical	(Nonsurgi	icai) Ot	ner (Spec	ify)
Medical (Surgio		tion Curettage					(Surgical) (Surgical)			
Medical (Surgio						Medical	(Surgical)	Other	(Specify)	ation
For Medical (Surgic	al) proce	dures, answer the fo	ollowing question	on.		For Medical ((Surgical)	procedu	ıres, answ	er the following question.
-	_	e a post fertilization						-		ilization age at least 20 weeks?
Yes [e a post fertilization	rage at least 20	weeks:		was the rett	_		a post tert	inzation age at least 20 weeks:
If the previous quest	ion was	answered yes, comp	olete the following	ng question	ıs.	If the previou	s question	n was an	swered ye	es, complete the following questions.
Was the fetus give ☐ Yes [t opportunity to sur	vive?				us given th Yes		opportunit	y to survive?
What was the basis	s for dete	ermination that the p	oregnant woman	had a cond	lition	What was th	ne basis fo	or detern	nination tl	nat the pregnant woman had a condition
		to avert death or se								th or serious impairment to the pregnant
woman:						woman:				
									T = "	
Date last normal me	_	an 25/2017		Physician	n estimate	e of gestation (i	n weeks)		Post fe	rtilization age of the fetus (in weeks) 4
How were the gestat	ional age	e and post fertilizati	on age determin	ned?					_	
ULTRASOUND										
Full name of physici DR. CAROL DELL	_	rming termination								
Address of physician	_	-		t, city, state	, and zip	code)				
200 S. MERIDIAN	ST, IND	IANAPOLIS, IN 4	6225							
**Date Reported t	to DCS,	if Patient under	4 (month, day,	year):						
_										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/23/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre PLANNED PARENTHOOD (PPC BLOOMINGTON, IN, 47403	ess SI) (MONROE CO.) - 421 SOUTH	COLLEGE AVENUE,	City or town	, of pregna	•			County of pregnancy termination MONROE		
D-4:42. 44	Т .	D-46 : :		F1						
24	arried No Yes No	Date of pregnancy termi 12/21/201		Educat	tion		h Schoo	ol Diploma or GED		
Race American Indian or A Native Hawaiian or C	<u> </u>	Asian Black White Other	or African A	merican		known	☐ Hispai ■ Not H	nic or Latino ispanic or Latino Unknown		
Live Births:	Number now living	0			Numb	nber now deceased 0				
Other Terminations:	Number of spontaneous	terminations			Numb	er of induce	ed termin	ations 1		
Dates of terminations (Do	o not include this terminat	ion. If more than six (6),	those most r	ecent.)		5		6		
Fetus delivered alive?	If yes, length of time		4			(Complica	ation(s) of Pregnancy Termination		
☐ Yes ■ No	, , <i>g</i>					■ Nor	ne	Uterine Perforation		
Fetus viable?	If viable, medical re	ason for termination:					norrhage	_		
☐ Yes ■ No						∐ Infe	ection	☐ Retained Products		
						Oth	ier (<i>Speci</i>	ify)		
Pathological examination performed?	If yes, results:									
Yes No						Did this te	rminatio	n of pregnancy result in a maternal death?		
						☐ Yes	■ No			
		Type	of Terminatio	n Procedur	es					
Procedure that Terminate	ed Pregnancy		Ad	lditional Pr	ocedure	that Termin	nated Pre	egnancy		
☐ Medical (Nonsurgic	al) Mifepristone			Medical	(Nonsui	rgical) Mife	epristone	,		
☐ Medical (Nonsurgical Medical (Nonsurgical Nonsurgical Nonsurgic						rgical) Miso		f _V)		
	ar) other (speegy)			Wiedicui	(1 tolloui	igical) out	er (speet)	137		
Medical (Surgical) Medical (Surgical)	Suction Curettage Menstrual Aspiration					al) Suction al) Menstru				
Medical (Surgical)						al) Other (S				
For Medical (Surgical) p	rocedures, answer the follo	owing question.	 Fo	r Medical (Surgica	ıl) procedure	es, answe	er the following question.		
	have a post fertilization ag		,	Vas the feti	ıs viahle	e or have a r	nost ferti	lization age at least 20 weeks?		
Yes I N		ge at least 20 weeks.			es [post rerti	nzution age at least 20 weeks.		
If the previous question v	was answered yes, complet	e the following question	ns. If t	the previou	s questi	on was answ	wered yes	s, complete the following questions.		
	best opportunity to surviv	e?	7				portunity	y to survive?		
☐ Yes ☐ N	lo			☐ Y	es [No				
	determination that the preg lure to avert death or serior							at the pregnant woman had a condition th or serious impairment to the pregnant		
woman?	dure to avert death of serior	us impairment to the pre		voman?	i tile pre	because to a	iveri deai	in or serious impairment to the pregnant		
Date last normal menses	began	Physician	n estimate of	gestation (i	n weeks	;)	Post fer	tilization age of the fetus (in weeks)		
	10/25/2017			6				4		
How were the gestational ULTRASOUND	l age and post fertilization	age determined?								
J-INAGOND										
Full name of physician p	erforming termination									
DR. CAROL DELLING	_									
	forming termination (number		and zip code	e)						
200 S. WEKIDIAN ST,	INDIANAPOLIS, IN 462									
**Date Reported to D	CS, if Patient under 14	(month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD (P BLOOMINGTON, IN, 47403	dress PCSI) (I	SI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE.							nncy termination				
Patient's age**	Marrie	ad.	Date of pregn	nancv termin	ation	Educa	tion						
34		Yes • No		12/21/2017		Educa	ion		Mas	ter's Degree			
Race American Indian or Native Hawaiian or	r Othe	r Pacific Islander [Asian White	☐ Black o	or Africa	nn American	☐ Unk		■ Not H	nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	umber now living	0				Numbe	er now de	eceased	0			
Other Terminations:	N	umber of spontaneou	s terminations 0				Numbe	er of indu	iced termin	nations 1			
Dates of terminations ((Do no		v	than six (6), i	those mo	st recent.)							
Fetus delivered alive?	2	If yes, length of tin		ved:	4	l		5	Complic	ation(s) of Pregna	ncy Termination		
Yes No)	ii yes, rengin or iii.	ne recup pur er			■ None ☐ Uterine Perfor							
								—	Iemorrhage	— e □ Cer	vical Laceration		
Fetus viable? Yes No		If viable, medical r	eason for term	nination:					nfection		ained Products		
	,									_	anica Froducts		
Pathological examinati	ion	If yes, results:							Other (Spec	uJy)			
performed?		if yes, results.											
☐ Yes ■ No	0							Did this			sult in a maternal death?		
							I.						
				Type of	f Termin	ation Procedur	es						
Procedure that Termin	ated P	regnancy				Additional Pr		that Teri	minated Pr	egnancy			
☐ Medical (Nonsurg									lifepriston	•			
☐ Medical (Nonsurg	gical)	Misoprostol				■ Medical	(Nonsurg	gical) M	Iisoprostol				
☐ Medical (Nonsurg	gicai)	Otner (Specify)				Medicai	(Nonsur	gical) O	ther (Speci	TY)			
Medical (SurgicalMedical (Surgical									on Curettag trual Aspir				
Medical (Surgical) Oth	er (Specify)							(Specify)				
For Medical (Surgical)) proce	edures, answer the fol	lowing question	on.		For Medical (Surgical) proced	ures, answ	er the following qu	uestion.		
Was the fetus viable		re a post fertilization a	age at least 20	weeks?					a post fert	ilization age at lea	st 20 weeks?		
☐ Yes ■	No					□ ?	es 🗌	No					
If the previous question	n was	answered yes, comple	ete the following	ng questions	3.	If the previou	s questio	n was ai	nswered ye	es, complete the fo	llowing questions.		
Was the fetus given t ☐ Yes ☐		st opportunity to survi	ve?				ıs given ∕es □		opportunit	y to survive?			
What was the basis for		ermination that the pr	eanant woman	had a condi	ition	_	_		mination th	nat the pregnant w	oman had a condition		
that required the proc						that require					irment to the pregnant		
woman?						woman?							
				I mi		0			15.0				
Date last normal mens	_	an 30/2017		Physician	estimate	of gestation (i	n weeks)		Post fe	rtilization age of th 7	ne fetus (in weeks)		
How were the gestation	nal ag	e and post fertilization	n age determin	ned?					1				
ULTRASOUND													
Full married 1	. m - : C	main a to main											
Full name of physician DR. CAROL DELLIN	_	aming termination											
Address of physician p		-		t, city, state,	and zip	code)							
200 S. MERIDIAN ST	i , IND	NANAPOLIS, IN 46	225										
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/23/2017

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCS	S I) (MONROE CO.) - 421 SOUT	'H COLLEGE AVE	ENUE,	City or t	own, of pregna	ncy termination		County of pregnar	ncy termination ONROE
Patient's age** 18	Mar	ried Yes I No	Date of pregr	nancy termina 12/21/2017		Educat	tion		th, No Diploma	
Race American Indian Native Hawaiian			Asian White	Black of Other	or Afric	an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Number now	deceased	0	
Other Terminations	s:	Number of spontaneou	s terminations				Number of inc	luced termi	nations 0	
Dates of terminations	s (Do	not include this termina	tion. If more t	than six (6), t	those me	ost recent.)				
1		2				4	5	Compli	cation(s) of Pregnan	av Tamaination
Fetus delivered alive		If yes, length of tir	ne fetus surviv	/ed:				•		•
							_	None		ne Perforation
Fetus viable?		If viable, medical i	reason for term	nination:				Hemorrhag	ge ∐ Cerv	ical Laceration
☐ Yes ■ N	No							Infection	Reta	ined Products
								Other (Spec	cify)	
Pathological examina performed?	ation	If yes, results:								
Yes I	No						Did th	is terminati	on of pregnancy res	alt in a maternal death?
							☐ Ye	es 🔳 N	O	
				Type of	f Termii	nation Procedur	res			
Procedure that Termi	inated	l Pregnancy				Additional Pr	ocedure that Te	rminated P	regnancy	
Medical (Nonsu							(Nonsurgical)			
☐ Medical (Nonsu☐ Medical (No		Other (Specify)					(Nonsurgical) (Nonsurgical)			
Medical (Surgic	al) S	uction Curettage				☐ Medical	(Surgical) Suct	ion Curetta	ıge	
	al) N	Ienstrual Aspiration				☐ Medical	(Surgical) Mer (Surgical) Other	strual Aspi	ration	
iviculear (Surgic	ai) C	uner (speetyy)				Medical	(Surgical) Out	л (вресцу)		
	1)	1	1				a · 1/	1	4 6 11 :	
` ` ` `	, I	ocedures, answer the fol	<i>U</i> 1						ver the following que	
Was the fetus viabl ☐ Yes •		ave a post fertilization a	age at least 20	weeks?			ıs viable or hav ∕es ☐ No	e a post fer	tilization age at leas	t 20 weeks?
If the previous questi	on w	as answered yes, comple	ete the followi	ng questions	i.	If the previou	s question was	answered y	es, complete the foll	owing questions.
		pest opportunity to survi	ive?				us given the bes	t opportuni	ty to survive?	
☐ Yes ☐] No	•					Yes □ No			
		etermination that the property are to avert death or seri-								man had a condition ment to the pregnant
woman?			· · ·	1 .6	,	woman?	· · · · · · · ·		··· · · · · · · · · · · · · · · · · ·	1 .6
Date last normal mer		•		Physician	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)
How were the gestati		1/01/2017 age and post fertilization	n age determin	led?		8			6	
ULTRASOUND			C							
Full name of physicia										
	-	orming termination (num		t, city, state,	and zip	code)				
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225							
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/23/2017

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON. IN. 47403 City or town, of pregnancy termination BLOOMINGTON MONROE MONROE								
BLOOMINGTON, IN, 47403			DECO!		MONICOL			
24	arried Da	nte of pregnancy termination 12/21/2017	Educa		ligh School Diploma or GED			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian Black or Afr White Other	ican American	Unknown	<u> </u>	vn		
Live Births:	Number now living	1		Number now	0			
Other Terminations:	Number of spontaneous te	0		Number of inc	duced terminations 0			
		n. If more than six (6), those is		_				
Fetus delivered alive? Yes No	If yes, length of time f		4	•	Complication(s) of Pregnancy Termination None Uterine Perforation			
Fetus viable? Yes No	If viable, medical reas	on for termination:			Hemorrhage			
Pathological examination performed? Yes • No	If yes, results:			Did th	is termination of pregnancy result in a maternal of s No	death?		
		Type of Term	nination Procedu	res				
Procedure that Terminate	ed Pregnancy	Type of Telli			rminated Pregnancy			
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	al) Mifepristone al) Misoprostol		☐ Medical ☐ Medical	(Nonsurgical) 1 (Nonsurgical) 1 (Nonsurgical)	Mifepristone Misoprostol			
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			(Surgical) Suct (Surgical) Men (Surgical) Other	strual Aspiration			
For Medical (Surgical) p	rocedures, answer the follow	ring question.	For Medical	(Surgical) proce	dures, answer the following question.			
	have a post fertilization age	•	Was the fet		e a post fertilization age at least 20 weeks?			
If the previous question	was answered yes, complete	the following questions.	If the previou	s question was	answered yes, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	be best opportunity to survive?	,		us given the bes Yes \(\sime\) No	t opportunity to survive?			
	determination that the pregn dure to avert death or serious				rmination that the pregnant woman had a condit to avert death or serious impairment to the pregr			
Date last normal menses	began	Physician estima	ate of gestation (i	in weeks)	Post fertilization age of the fetus (in weeks)			
How were the costations	10/31/2017 I age and post fertilization ag	te determined?	7		5			
ULTRASOUND	r age and post fertilization as	ge determined?						
Full name of physician p	-							
	forming termination (numbe INDIANAPOLIS, IN 46225	r and street, city, state, and z	ip code)					
**Date Reported to D	CS, if Patient under 14 (m	nonth, day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addi PLANNED PARENTHOOD (PP BLOOMINGTON, IN, 47403	ress CSI) (MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or to		ncy termination		County of pregnand	cy termination NROE
Patient's age**	Somiad .	Date of pregnancy ter	mination	Educat	tion			
26	farried ☐ Yes ■ No	12/21/20		Educai	non	Some Co	llege, No Degree	
Race American Indian or Native Hawaiian or		☐ Asian ☐ Bla ■ White ☐ Oth	nck or Africar ner	n American	Unknown		nic or Latino Iispanic or Latino	☐ Unknown
Live Births:	Number now living	1			Number now d	eceased	0	
Other Terminations:	Number of spontaneou	us terminations 0			Number of ind	uced termir	nations 0	
Dates of terminations (I	Do not include this termin	,	**	t recent.)				
I		3	4.		5	Complic	ation(s) of Pregnanc	y Termination
Fetus delivered alive? Yes No	If yes, length of ti	me retus survived.			e Perforation			
					1 • 1		_	
Fetus viable?	If viable, medical	reason for termination:				Hemorrhage	_	cal Laceration
☐ Yes ■ No						nfection	☐ Retair	ned Products
						Other (Spec	ify)	
Pathological examination performed?	on If yes, results:							
Yes No								It in a maternal death?
					☐ Yes	s 🔳 No)	
		Тур	oe of Termina	tion Procedur	res			
Procedure that Termina	ted Pregnancy			Additional Pr	ocedure that Ter	minated Pro	egnancy	
Medical (Nonsurgi					(Nonsurgical) N		e	
Medical (NonsurgiMedical (Nonsurgi	cal) Other (Specify)				(Nonsurgical) N (Nonsurgical) C		ify)	
Medical (Surgical)	Suction Curettage			☐ Medical	(Surgical) Sucti	on Curettas	<u>re</u>	
	Menstrual Aspiration			■ Medical	(Surgical) Mens (Surgical) Other	strual Aspir		
i wedicar (Surgicar)	Oner (Specify)			Wicalcai	(Surgicar) Ouic	і (Бресіју)		
								_
For Medical (Surgical)	procedures, answer the fo	llowing question.		For Medical (Surgical) proced	lures, answ	er the following que	stion.
Was the fetus viable o ☐ Yes ☐	r have a post fertilization No	age at least 20 weeks?			ıs viable or have ∕es	a post ferti	ilization age at least	20 weeks?
	was answered yes, comp	lete the following quest	ions	_	_	newered ve	s, complete the follo	wing questions
		• •	ions.	•	•	·	•	wing questions.
Was the fetus given th	ne best opportunity to surv No	rive?			us given the best Tes \text{No}	opportunit	y to survive?	
What was the basis for	r determination that the pr	regnant woman had a co	ondition	What was th	ne basis for deter	mination th	nat the pregnant won	nan had a condition
that required the proce woman?	edure to avert death or ser	ious impairment to the J	pregnant	that required woman?	d the procedure t	o avert dea	th or serious impairs	nent to the pregnant
· · · · · · · · · · · · · · · · · · ·								
Date last normal menses	s hegan	Dhygio	rian estimate	of gestation (i	n weeks)	Post for	rtilization age of the	fetus (in weeks)
Date last normal mense:	10/30/2017		Tan Commate (6	n weeks)	1 031 101	4	ictus (in weeks)
=	al age and post fertilization	on age determined?				•		
ULTRASOUND								
Full name of physician	nerforming termination							
DR. CAROL DELLING	=							
	erforming termination (nu		ate, and zip c	ode)				
ZUU S. MERIDIAN ST,	, INDIANAPOLIS, IN 46	0225						
**Date Reported to I	DCS, if Patient under 1	4 (month, day, year): _						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOOD (I BLOOMINGTON, IN, 47403	ldress PPCSI	(MONROE CO.) - 421 SOUT	H COLLEGE AVE	ENUE,	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age**	Marı	ied	Date of pregn	nancv termin	ation	Educa	tion						
17 17 17 17 17 17 17 17 17 17 17 17 17 1	Mari	Yes No		12/21/2017		Edded	tion		9th-12t	h, No Diploma			
Race American Indian o	or Otl	er Pacific Islander	Asian White	☐ Black o	or Africa	an American		known	Not H	nic or Latino lispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Terminations:	:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 0			
Dates of terminations	(Do	not include this termina	3			ost recent.)							
I		1	3			4		5	Complic	ation(s) of Pregnar	acy Termination		
Fetus delivered alive? Yes N		If yes, length of tir	ne retus surviv	rea:			ine Perforation						
								1 🔳		_			
Fetus viable?		If viable, medical r	eason for term	nination:					Hemorrhage	_	rical Laceration		
☐ Yes ■ N	О							☐ I	nfection	Reta	ined Products		
									Other (Spec	ify)			
Pathological examination performed?	tion	If yes, results:											
Yes N	lo										ult in a maternal death?		
								☐ Yes	s 🔳 No)			
				Type of	f Termin	nation Procedu	res						
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy			
Medical (Nonsur									lifepristone	:			
☐ Medical (Nonsur ☐ Medical (Nonsur									Iisoprostol Other (<i>Speci</i>	fy)			
Medical (Surgical)	al) Si	action Curettage				☐ Medical	(Surgica	al) Sucti	on Curettag	re			
	al) M	enstrual Aspiration					(Surgica	al) Mens	strual Aspir (Specify)				
i Medicai (Surgica	u) O	mer (<i>Specify</i>)				Wedicai	(Surgica	ai) Ouiei	(зресіју)				
For Medical (Surgical	l) pro	cedures, answer the fol	lowing questio	on.		For Medical	Surgica	l) proced	ures, answ	er the following qu	estion.		
Was the fetus viable ☐ Yes ■		ave a post fertilization a	age at least 20	weeks?			us viable Yes –		a post ferti	lization age at leas	t 20 weeks?		
		s answered yes, comple	ata tha fallowin	na augstions		_	_		navorad va	s, complete the fol	lowing questions		
•		•		ng questions	S.	•	•		·	-	lowing questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes 🗀		opportunit	y to survive?			
What was the basis	for de	etermination that the pro-	egnant woman	had a condi	ition	What was the	ne basis	for deter	mination th	nat the pregnant wo	oman had a condition		
		re to avert death or seri									rment to the pregnant		
woman:						··· Omall :							
Date last normal mens	con L	agan		Dhyaisias	actimat-	e of gestation (i	n wash-	.)	Doct f-	tilization age of th	a fatus (in wasks)		
Date last normal mens		egan 9/27/2017		1 mysician	csumate	13	n weeks	,	rost iei	tilization age of th	· · · · · ·		
=	onal a	ge and post fertilization	n age determin	ied?									
ULTRASOUND													
Full name of aleres	n ===	forming tomais -t'											
Full name of physicia DR. CAROL DELLIN	_	-											
= -	_	rming termination (nun		t, city, state,	and zip	code)							
200 S. MERIDIAN S	T, IN	DIANAPOLIS, IN 46	225										
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/23/2017

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Facility Name and Addre PLANNED PARENTHOOD (PPC BLOOMINGTON, IN, 47403	ess (SI) (MONROE CO.) - 421 SOU	City or town, of pregnancy termination BLOOMINGTON					County of p		y termination	
Patient's age** Ma	arried Yes No	Date of pregnancy term 12/01/201		Educa	tion			llege, No D	egree	
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blac☐ White ☐ Othe		an American	☐ Uni	known		nic or Latino ispanic or La	tino	Unknown
Live Births:	Number now living	5			Numb	er now d	eceased	1		
Other Terminations:	Number of spontaneou	us terminations			Numb	er of ind	uced termin	ations 2		
Dates of terminations (D	l o not include this termin 2. UNKNOWN), those m	ost recent.)		5.			6.	
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:				• N	Complication	ation(s) of Pr		Termination Perforation
						П	Hemorrhage		Cervica	al Laceration
Fetus viable?	If viable, medical	reason for termination:		☐ Infection ☐ Retained Produc						
☐ Yes ■ No							Ц	Ketaine	ed Products	
			Other (Specify)							
Pathological examination performed?	If yes, results:									
Yes No									cy result	in a maternal death?
						☐ Yes	s • No			
		Туре	of Termi	nation Procedur	res					
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure	that Ter	minated Pro	egnancy		
☐ Medical (Nonsurgic	al) Mifepristone			☐ Medical	(Nonsu	rgical) M	lifepristone	;		
☐ Medical (Nonsurgic☐ Medical (Nonsurgic							lisoprostol other (<i>Speci</i>	fy)		
	m) Suier (Speedy)				(1101154	igrear)	tilei (Speci	137		
Medical (Surgical) Medical (Surgical)	Suction Curettage Menstrual Aspiration			☐ Medical ☐ Medical	(Surgical (Surgical Control (Surgica) (Surgica) (Surgica) (Surgica) (Surgica) (Surgi	al) Sucti al) Mens	on Curettag strual Aspir	ge ation		
Medical (Surgical)							(Specify)			
For Medical (Surgical) p	rocedures, answer the fo	llowing question.		For Medical (Surgica	ıl) proced	ures, answe	er the followi	ng quest	ion.
Was the fetus viable or ☐ Yes ■ N	have a post fertilization No	age at least 20 weeks?			us viable Yes 🗀		a post ferti	lization age a	nt least 2	0 weeks?
If the previous question v	was answered yes, comp	lete the following questio	ons.	If the previou	s questi	on was a	nswered ye	s, complete th	he follov	ving questions.
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv lo	vive?			us given Yes [opportunity	y to survive?		
		regnant woman had a con		What was th	ne basis	for deter	mination th	at the pregna	nt woma	an had a condition
that required the proced woman?	dure to avert death or ser	ious impairment to the pr	regnant	that required woman?	d the pro	ocedure t	o avert dear	th or serious	impairm	ent to the pregnant
····										
		T							-	
Date last normal menses	began UNKNOWN	Physicia	an estimat	e of gestation (i	n weeks	;)	Post fer	tilization age	of the f	etus (in weeks)
How were the gestational		on age determined?								
ULTRASOUND										
Full name of physician p DR. CAROL DELLING	ER									
Address of physician per 200 S. MERIDIAN ST,	=		te, and zip	code)						
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR	ddres (PPGI)	SS - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS,	IN, 46268	City or	or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION					
· · ·						ı					
Patient's age** 16	Ma	ried Yes No	Date of pregn	ancy term 12/14/201		Educa	tion			th, No Diploma	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Uni	known		nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6)), those m	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:	Complication(s) of Pr						cy Termination
☐ Yes ■ I	NO								None	☐ Uteri	ne Perforation
								☐ I	Hemorrhage	e 🔲 Cervi	cal Laceration
Fetus viable? Yes I	Vo	If viable, medical	reason for term	iination:				Пі	nfection	☐ Retai	ned Products
					_						
D-4b-1i1i-	If					Other (Spec	uy)				
Pathological examin performed?	If yes, results:										
☐ Yes ■					Did this			alt in a maternal death?			
								Yes	s 🖭 No	<u> </u>	
					e ==						
				Туре	of Termi	nation Procedu	res				
Procedure that Term	inate	d Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy	
Medical (Nonsu									/lifepriston		
Medical (NonsuMedical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Spec		
	Ü	, , , , ,						,			
		Suction Curettage Menstrual Aspiration				☐ Medical ☐ Medical	(Surgical Surgical Control of the Co	al) Sucti al) Mens	on Curettag strual Aspin	ge ration	
Medical (Surgio									r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	estion.
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viable	e or have	a post fert	ilization age at least	20 weeks?
Yes [age at least 20	· · · · · · · · · · · · · · · · · · ·			Yes [_	u post ter	in in including the real of	20 Weeks.
If the previous quest	ion w	as answered yes, compl	lete the following	ng questio	ns.	If the previou	ıs questi	on was a	nswered ye	es, complete the foll	owing questions.
Was the fetus give	n the	best opportunity to surv	rive?			Was the fet	us given	the best	opportunit	ty to survive?	
☐ Yes [Yes [_	·FF	,	
		letermination that the pr									nan had a condition
that required the pr woman?	oced	are to avert death or ser	ious impairmer	it to the pr	egnant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant
Data last see 1	no - 1			DI ' '	m a-4! ·	a of at-' '	in 1	.)	D (C	utilizati Cd	fotos (int-)
Date last normal men		oegan JNKNOWN		rnysicia	ui estimat	e of gestation (ın weeks	,	POST IE	rtilization age of the 7	icius (in weeks)
How were the gestat	ional	age and post fertilization	n age determin	ed?							
ULTRASOUND											
	-	rforming termination									
Address of physician		orming termination (num	mber and stree	t. citv stat	e, and zin	(code)					
	-	NDIANAPOLIS, IN 46		., cuy, siai	., unu 4.1P	couc)					
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day,	 year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ace PLANNED PARENTHOOD (BLOOMINGTON, IN, 47403	ddress PPCSI	3) (MONROE CO.) - 421 SOUTH	I COLLEGE AVE	City or town, of pregnancy termin BLOOMINGTON						County of pregnancy termination MONROE
		<u>.</u>								
Patient's age** 19	Mari	ied Yes No		ancy termination	on	Educa	tion	Hi		ol Diploma or GED
Race American Indian of Native Hawaiian of	or Otl	ner Pacific Islander	Asian White	☐ Black or A☐ Other	African A	merican	Unkno		Not Hi	nic or Latino ispanic or Latino
Live Births:		Number now living	0				Number 1	now de	eceased	0
Other Terminations	:	Number of spontaneous	terminations 0				Number of	of indu	iced termina	ations 0
Dates of terminations	(Do	not include this terminat	tion. If more th	han six (6), tho	se most r	ecent.)	I			
1		2	3		4			5	C 1:	6
Fetus delivered alive? Yes N		If yes, length of tim	e fetus surviv	ed:					_	ation(s) of Pregnancy Termination
								■ N	lone	Uterine Perforation
Fetus viable?		If viable, medical re	eason for term	ination:				□ н	Iemorrhage	☐ Cervical Laceration
☐ Yes ■ N	lo	, ,						☐ In	nfection	☐ Retained Products
								□ 0	ther (Speci	fy)
Pathological examina	tion	If yes, results:								
performed? Yes N	J.o.						-			
l res l N	NO							old this Yes		n of pregnancy result in a maternal death?
		•								
_				Type of To	ermination	n Procedu	res			
Duo and sum that Tamair	notod	Descenses						ot Tom	minated Due	om on ov
Procedure that Termin		•			Au				ninated Pre	
☐ Medical (Nonsur☐ Med							(Nonsurgio (Nonsurgio		lifepristone lisoprostol	
Medical (Nonsur									ther (Specif	(y)
Medical (Surgical)	al) Su	iction Curettage			- =	Medical	(Surgical)	Suction	on Curettage	e
	al) M	enstrual Aspiration				Medical		Menst	trual Aspira	
- Wiediem (Burgier	, 0	mor (speegy)				Medical	(Burgicur)	outer	(Specify)	
Eor Medical (Surgice)	1) pro	cedures, answer the follo	owing questio		_ _	r Madical	(Surgical) r	aroaadı	uras anstria	or the following question.
	, I	,	<i>U</i> 1							
Was the fetus viable ☐ Yes ■		ave a post fertilization as	ge at least 20	weeks?	V		us viable oi Yes		a post fertil	lization age at least 20 weeks?
If the previous question	on wa	s answered yes, comple	te the followir	ng questions.	If t	the previou	is question	was an	nswered yes	s, complete the following questions.
Was the fetus given ☐ Yes ☐		est opportunity to surviv	ve?		V		us given the		opportunity	to survive?
		etermination that the pre	gnant woman	had a condition	n v	_	_		mination the	at the pregnant woman had a condition
that required the pro		re to avert death or serio			nt tl	hat require				h or serious impairment to the pregnant
woman?					V	voman?				
<u>L</u>										
Date last normal men		-		Physician est	imate of	_	in weeks)		Post fert	tilization age of the fetus (in weeks)
How were the gestation		9/12/2017 Ige and post fertilization	age determin	ed?		13				11
ULTRASOUND	J.141 C	-o- and poor fortingation								
Full name of physicia DR. CAROL DELLII										
Address of physician	perfo	rming termination (num		, city, state, and	d zip code	e)				
ZUU S. MEKIDIAN S	oi, IN	IDIANAPOLIS, IN 462	223							
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PLANNED PARENTHOOD (PPC BLOOMINGTON, IN, 47403	SS SI) (MONROE CO.) - 421 SOUT	TH COLLEGE AVENUE,	City or	town, of pregna	ncy termination	County of pregnand	ey termination NROE			
Patient's age** Ma	urried	Date of pregnancy	termination	Educa	tion					
36 Ma	Yes No		/2017	Educa	non	Bach	elor's Degree			
Race American Indian or A Native Hawaiian or O		= =	Black or Afric	can American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	2			Number now	deceased	0			
Other Terminations:	Number of spontaneou	s terminations			Number of in	duced termi	nations 0			
Dates of terminations (De	l o not include this termina	ation. If more than s	ix (6), those n	nost recent.)						
1		3		4	5	C 1'	cation(s) of Pregnanc			
Fetus delivered alive? Yes No	If yes, length of tin	ne fetus survived:								
				■ None ☐ Uterine Perforation						
Fetus viable?	If viable, medical	reason for termination	on:			Hemorrhag	e Cervi	cal Laceration		
☐ Yes ■ No						Infection	☐ Retain	ned Products		
						Other (Spec	cify)			
Pathological examination	If yes, results:									
performed? ☐ Yes ■ No					Did th	is towningti	on of macananay many	It is a maternal death?		
1cs10								It in a maternal death?		
			Гуре of Term	ination Procedu	res					
Procedure that Terminate	ed Pregnancy				ocedure that Te	erminated Pr	regnancv			
	•									
☐ Medical (Nonsurgica Medical (Nonsurgica	al) Misoprostol				(Nonsurgical) (Nonsurgical)	Misoprostol	1			
☐ Medical (Nonsurgical	al) Other (Specify)			☐ Medical	(Nonsurgical)	Other (Spec	rify)			
Medical (Surgical)					(Surgical) Suc					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Mer (Surgical) Oth					
	1 0				· · · · ·	1	.1. 6.11			
For Medical (Surgical) pr				For Medical (Surgical) proce	edures, answ	ver the following que	stion.		
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks	s?		us viable or hav Yes 🏻 No	e a post fert	tilization age at least	20 weeks?		
If the previous question v		ata tha following gu	estions	If the previous	e question was	answarad ve	es, complete the follo	swing questions		
			estions.		•	·	•	wing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the bes Yes \text{No}	st opportunit	ty to survive?			
What was the basis for	determination that the pr	egnant woman had a	condition	What was th	ne basis for dete	ermination t	hat the pregnant won	nan had a condition		
that required the proced	lure to avert death or seri			that require			ath or serious impairr			
woman?				woman?						
Date last normal menses	began 10/11/2017	Phy	sician estima	te of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestational		n age determined?		•			<u> </u>			
ULTRASOUND										
Full name of physician po	-									
DR. CAROL DELLINGI Address of physician per		nher and street city	state and air	n code)						
200 S. MERIDIAN ST, I	=		, ыше, ини Др	, cout)						
**Date Reported to Do	CS, if Patient under 14	4 (month, day, year)	:				_			

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Facility Name and Add	dress		INDIANA BOLIO	City	or town, of pregna	ancy termination	County of pregn	ancy termination		
PPIN-GEÓRGETOWN OR (PF	≃GI) - 85	90 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268		NAPOLIS		MARION		
Patient's age** 35	Marrie	d Yes No		ancy termination	Educa	ation	Bachelor's Degree			
Race American Indian or Native Hawaiian or			Asian White	Black or Af	frican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino	☐ Unknown		
Live Births:	N	umber now living	1			Number now d	eceased 0			
Other Terminations:		umber of spontaneou	0			Number of ind	aced terminations 0			
Dates of terminations (t include this termind			,		,			
Fetus delivered alive? Yes No		If yes, length of tir			4	5	Complication(s) of Pregnation	erine Perforation		
Fetus viable? Yes No)	If viable, medical i	reason for term	ination:				vical Laceration		
Data in the state		TC 1					Other (Specify)			
Pathological examination performed?		If yes, results:				Did this	s termination of pregnancy re	esult in a maternal death?		
				_						
				Type of Ter	mination Procedu					
Procedure that Termina		•					minated Pregnancy			
☐ Medical (Nonsurg	□ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) □ Medical (Nonsurgical) Other (Specify)									
Medical (Surgical Medical (Surgical Medical (Surgical) Men	strual Aspiration			☐ Medical	(Surgical) Sucti (Surgical) Mens (Surgical) Other	trual Aspiration			
For Medical (Surgical)) proce	dures, answer the fol	lowing questio	n.	For Medical	(Surgical) proced	ures, answer the following q	uestion.		
Was the fetus viable ☐ Yes ■	or hav				Was the fer		a post fertilization age at lea			
If the previous question	n was a	answered yes, compl	ete the followin	ng questions.	If the previous	us question was a	nswered yes, complete the fo	ollowing questions.		
Was the fetus given t ☐ Yes ☐		t opportunity to surv	ive?			tus given the best Yes \(\Boxed{\text{No}}\) No	opportunity to survive?			
What was the basis for that required the procond woman?							mination that the pregnant wo o avert death or serious impa			
Date last normal mense	es beg	an		Physician estin	nate of gestation (in weeks)	Post fertilization age of t	he fetus (in weeks)		
	10/	16/2017		_	12	··· <i>,</i>	_	0		
How were the gestation ULTRASOUND	nal age	and post fertilization	n age determin	ed?						
<u> </u>										
Full name of physician DR. CAROL DELLIN	IGER		,							
Address of physician p 200 S. MERIDIAN ST		-		, city, state, and	zıp code)					
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAL	D, INDIANAPOLIS, IN, 4626	City or t		ncy termination		County of pregnancy termination MARION			
			ı							
Patient's age** Ma	nrried Yes No	Date of pregnancy te		Educat	tion		llege, No Degree			
Race American Indian or A Native Hawaiian or O		= =	lack or Africa	an American	Unknown		nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	0			Number now o	leceased	0			
Other Terminations:	Number of spontaneou	is terminations			Number of ind	luced termin	nations 0			
Dates of terminations (De	l o not include this termina	ation. If more than six	(6), those mo	ost recent.)			<u> </u>			
1	1	3		4	5		6			
Fetus delivered alive? Yes No	If yes, length of tin	me fetus survived:				Complic	ation(s) of Pregnanc	y Termination		
						None	☐ Uterin	e Perforation		
Fetus viable?	If viable, medical	reason for termination	•			Hemorrhage	e 🔲 Cervio	eal Laceration		
☐ Yes ■ No						Infection	☐ Retain	ed Products		
				Other (Specify)						
Pathological examination	If yes, results:									
performed?										
☐ Yes ■ No					Did thi			t in a maternal death?		
		Ty	pe of Termin	nation Procedur	es					
Procedure that Terminate	ad Pragnancy		•		ocedure that Ter	rminated Dr	agnancy			
	•						•			
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical					(Nonsurgical) I (Nonsurgical) I					
Medical (Nonsurgical					(Nonsurgical)					
Medical (Surgical) 3	Suction Curettage			☐ Medical	(Surgical) Suct	ion Curettag	ge			
	Menstrual Aspiration			Medical	(Surgical) Men (Surgical) Othe	strual Aspir				
Medical (Surgical)	Other (Speedy)			Wiedlean	(Burgicar) Ouic	л (Бресцу)				
								_		
For Medical (Surgical) pr	rocedures, answer the fol	llowing question.		For Medical (Surgical) proceed	dures, answ	er the following ques	stion.		
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks?			ıs viable or have ∕es □ No	e a post ferti	ilization age at least	20 weeks?		
				_						
If the previous question v	was answered yes, compl	ete the following ques	tions.	If the previou	s question was a	answered ye	es, complete the follo	wing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the best Yes \(\sime\) No	t opportunit	y to survive?			
		. 1 1	114.1	_	_			1 1 12		
	determination that the pr lure to avert death or seri						nat the pregnant wom th or serious impairm			
woman?				woman?						
Date last normal menses	•	Physi	cian estimate	e of gestation (i	n weeks)	Post fer	rtilization age of the	fetus (in weeks)		
How were the gestational	09/20/2017	n age determined?		10			8			
ULTRASOUND	i ago ana post icitilizatio	n age determined?								
Full name of physician po	-									
DR. CAROL DELLINGI Address of physician per		mher and street sites s	tate and sin	code)						
200 S. MERIDIAN ST, I	-		лыс, ана дір	coue j						
· · · · · · · · · · · · · · · · · · ·										
**Date Reported to Do	CS, if Patient under 14	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	ess I) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	wn, of pregna	cy termination							
			1								
Patient's age** 34	arried Yes No	Date of pregnancy ter		Educat	tion		elor's Degree				
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Bla ■ White ☐ Otl	nck or African ner	American	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	2			Number now o	deceased	0				
Other Terminations:	Number of spontaneou				Number of inc	luced termin	nations 0				
Dates of terminations (De	l o not include this termin	ation. If more than six (6), those most	t recent.)							
1		3	4		5		6				
Fetus delivered alive? Yes No	If yes, length of tin	me fetus survived:				Complic	cation(s) of Pregnanc	y Termination			
						None	☐ Uterin	e Perforation			
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	e 🗌 Cervio	cal Laceration			
Yes No						Infection	☐ Retair	ed Products			
				Other (Specify)							
Pathological examination	n If yes, results:										
performed?											
☐ Yes ■ No					Did thi			It in a maternal death?			
					•						
		Туј	oe of Termina	tion Procedur	es						
Procedure that Terminate	ed Pregnancy				ocedure that Te	rminated Pr	regnancy				
							•				
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical /li>					(Nonsurgical) I (Nonsurgical) I						
☐ Medical (Nonsurgic	al) Other (Specify)			☐ Medical	(Nonsurgical)	Other (Spec	ify)				
Medical (Surgical)			<u> </u>		(Surgical) Suct						
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Men (Surgical) Othe		ration				
	(1 33)			_		(1 337					
	1 0				g · 1)	,	1 6 11 .				
For Medical (Surgical) p		• •		For Medical (Surgical) proce	dures, answ	er the following que	stion.			
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization to	age at least 20 weeks?			as viable or havo Yes □ No	e a post fert	ilization age at least	20 weeks?			
If the previous question v	was answarad vas compl	late the following quest	ions 1	If the previou	e question was	anewarad ve	es, complete the follo	wing questions			
•		• •	ions.	•	•	·	·	wing questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv To	ive?			us given the best Tes \text{No}	t opportunit	ty to survive?				
What was the basis for	determination that the pr	eonant woman had a co	ondition	What was th	ne basis for dete	rmination t	hat the pregnant won	nan had a condition			
that required the proceed	dure to avert death or seri			that required			th or serious impairs				
woman?				woman?							
Date last normal menses	began 10/24/2017	Physic	ian estimate o	of gestation (i.	n weeks)	Post fe	rtilization age of the	fetus (in weeks)			
How were the gestational		on age determined?		<u> </u>			4				
ULTRASOUND	<u>-</u>										
Full name of physician p	-										
Address of physician per		mber and street city st	ate, and zin co	ode)							
200 S. MERIDIAN ST,	=			,							
**Date Reported to D	CS, if Patient under 14	4 (month, day, year): _					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/23/2017

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I PPIN-GEORGETOWN OR (PPGI) - 8500 GEORGETOWN POAD INDIANAPOLIS IN 46268						r town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION					
Patient's age** 28	Mar	ried No	Date of pregn	ancy termina	ation	Educa	tion	Some C	ollege, No De	egree	
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Africa	an American	Unknow		y panic or Latino Hispanic or La	tino	Unknown
Live Births:		Number now living	0				Number no	w deceased	0		
Other Terminations	s:	Number of spontaneou	s terminations				Number of	induced term	inations 0		
Dates of termination	s (Do	not include this termine	ation. If more t	han six (6), th	hose mo	ost recent.)					
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:		4		Compl	ication(s) of Pro		Cermination Perforation
Fetus viable?	No	If viable, medical	reason for term	ination:				Hemorrha Infection			Laceration Products
Pathological examina performed?		If yes, results:									
☐ Yes ■ 1	NO						Did			cy result i	n a maternal death?
				Type of	Termi	nation Procedur	res				
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that	Terminated I	Pregnancy		
Medical (Nonsu Medical (Nonsu Medical (Nonsu	ırgica					☐ Medical	(Nonsurgical (Nonsurgical (Nonsurgical) Misoprosto	ol		
Medical (Surgic Medical (Surgic Medical (Surgic	al) N	Ienstrual Aspiration					(Surgical) So (Surgical) M (Surgical) O	lenstrual Asp	iration		
For Medical (Surgica	al) pro	ocedures, answer the fol	llowing question	on.		For Medical ((Surgical) pro	cedures, ans	wer the following	ng questic	on.
Was the fetus viabl		ave a post fertilization	age at least 20	weeks?			us viable or h Yes 🔲 No		rtilization age a	t least 20	weeks?
If the previous questi	ion w	as answered yes, compl	ete the following	ng questions.		If the previou	s question wa	is answered y	es, complete th	ne followi	ng questions.
Was the fetus giver ☐ Yes ☐		pest opportunity to surv	ive?				us given the b Yes No		ity to survive?		
		etermination that the pr ire to avert death or seri									had a condition at to the pregnant
						<u> </u>					
Date last normal mer		egan 0/23/2017		Physician e	estimate	e of gestation (i	n weeks)	Post f	ertilization age	of the fet	us (in weeks)
How were the gestati		age and post fertilizatio	n age determin	ed?							
Full name of physici DR. CAROL DELLI	INGE	R	unh an and atropa	4 oitu atato	d =i.n.	2042)					
	-	orming termination (num		., cuy, siaie, t	ши zīp						
**Date Reported to	o DC	S, if Patient under 14	4 (month, day.	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46	Cit	City or town, of pregnancy termination County of pregnancy termina INDIANAPOLIS MARION					County of pregnancy termination MARION
Patient's age** 34	Marrie	ed ☐ Yes ■ No	Date of pregnancy	terminati 5/2017	ion	Educat	tion	Hi		ol Diploma or GED
Race American Indian Native Hawaiian			= =	Black or .	African Amer	rican	Unkn	nown		nic or Latino Hispanic or Latino
Live Births:	N	umber now living	2				Number			0
Other Termination	ns: N	umber of spontaneou					Number	of indu	iced termin	
Dates of termination 2003		ot include this termin	ation. If more than s	six (6), tho	ose most recen	et.)		5		6
Fetus delivered alive		If yes, length of ti	ne fetus survived:						Complic	cation(s) of Pregnancy Termination
☐ Yes ■	No							■ N	lone	☐ Uterine Perforation
F		TC : 11 1: 1	· · · · ·					□ н	lemorrhag	e Cervical Laceration
Fetus viable? Yes	No	If viable, medical	reason for termination	on:				☐ Ir	nfection	☐ Retained Products
								— П о	ther (Spec	
Pathological examin	ation	If yes, results:							uici (spec	-937
performed?		ii yes, resuits.								
☐ Yes ■	No							Did this Yes		on of pregnancy result in a maternal death?
		<u> </u>								
				Type of T	Termination Pr	rocedui	es			
Procedure that Term	ninated P	regnancy			Additio	onal Pr	ocedure th	hat Terr	ninated Pr	regnancy
☐ Medical (Nons							(Nonsurgi			
☐ Medical (Nonsi	urgical)	Misoprostol			□ M	ledical	(Nonsurgi	ical) M	isoprostol	
Medical (Nonst	argical)	Other (Specify)				ledical	(Nonsurgi	ical) O	ther (<i>Spec</i>	ify)
Medical (Surgio							(Surgical)			
Medical (Surgio		nstrual Aspiration er (Specify)					(Surgical) (Surgical)			ration
For Medical (Surgic	al) proce	edures, answer the fo	lowing question		 For Me	edical (Surgical)	procedi	ures answ	ver the following question.
		re a post fertilization		ra?				•		
	■ No	e a post fertilization	age at least 20 week	LS?	was				a post tert	ilization age at least 20 weeks?
		answered yes, compl		iestions.			_		-	es, complete the following questions.
Was the fetus give		st opportunity to surv	ive?		Was		is given th		opportunit	ry to survive?
		ermination that the protocol to avert death or serious								hat the pregnant woman had a condition the or serious impairment to the pregnant
woman?	rocedure	to avert death of ser	ous impairment to t	ine pregna	wom		i ilie proce	edure it	avert dea	tur of serious impairment to the pregnant
Date last normal me	nses beg	an	Ph	ysician est	timate of gesta	ation (i	n weeks)		Post fe	rtilization age of the fetus (in weeks)
	10/	16/2017		-	8					6
How were the gestar ULTRASOUND	tional ag	e and post fertilization	n age determined?							
Full name of physic DR. CAROL DELL	_	rming termination								
	n perform	ning termination (num		v, state, an	nd zip code)					
200 S. WERIDIAN	J1, IND	MANAI OLIS, IN 40								
**Date Reported	to DCS,	, if Patient under 1	4 (month, day, year)):						-

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City or town, of pregnancy termination INDIANAPOLIS MARION										
				INDIAN	IAPULI	13			MARION	ı
22	arried	Date of pregnancy term 12/15/201		Educat	tion	1	Some Colle	ge, No De	gree	
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	☐ Asian ☐ Blacc ☐ White ☐ Othe	k or African r	American		known	Ethnicity Hispani Not His		ino [Unknown
Live Births:	Number now living	1				er now do		0		
Other Terminations:	Number of spontaneou	s terminations 0			Numb	er of indu	aced terminat	ions 0		
		ation. If more than six (6)								
Fetus delivered alive? Yes No	If yes, length of ti		4			5 5	None	on(s) of Pre	gnancy Tern Uterine Perf	nination oration
Fetus viable? Yes No	If viable, medical	reason for termination:				☐ Iı	Hemorrhage Infection Other (Specify)		Cervical Lac	
Pathological examination performed? Yes No	n If yes, results:					Did this		of pregnanc	y result in a	maternal death?
		Туре	of Terminat	tion Procedur	res					
Procedure that Terminate	ed Pregnancy					that Ter	minated Preg	nancy		
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	cal) Mifepristone]]	☐ Medical ☐ Medical	(Nonsur (Nonsur	gical) M	Tifepristone Tisoprostol Other (Specify)	•		
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgica	al) Mens	on Curettage strual Aspirati (Specify)	on		
For Medical (Surgical) p	procedures, answer the fo	llowing question.	_F	For Medical (Surgica	l) proced	ures, answer	the followin	g question.	
	have a post fertilization			Was the fetu		or have	a post fertiliz		- 1	eks?
If the previous question	was answered yes, compl	lete the following questio	ns. I	f the previou	s questi	on was a	nswered yes,	complete the	e following	questions.
Was the fetus given the	e best opportunity to surv No	rive?			ıs given Yes 🗀		opportunity t	o survive?		
		regnant woman had a con ious impairment to the pr					mination that o avert death			d a condition the pregnant
Date last normal menses	•	Physicia	n estimate o	f gestation (i	n weeks)	Post fertil	ization age	of the fetus (in weeks)
How were the gestationa	UNKNOWN all age and post fertilization	on age determined?		9					7	
ULTRASOUND	a uge una post terrinzune	n age determined.								
Full name of physician p	ER									
Address of physician per 200 S. MERIDIAN ST,	-	mber and street, city, stat 3225	e, and zip co	ode)						
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR	ddres (PPGI)	S - 8590 GEORGETOWN ROAL	O, INDIANAPOLIS,	IN, 46268	City or	City or town, of pregnancy termination County of pregnancy termination INDIANAPOLIS MARION							
Patient's age** 24	Ma	ried Yes No	Date of pregn	nancy term 12/15/201		Educa	tion	Н		ol Diploma or G	ED		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ☐ White	■ Blac		can American		ıknown	■ Not I	anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	per now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termi	nations			
Dates of termination 1. 06/20/2017	s (Do	not include this termina		han six (6)		ost recent.)		5		6			
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ed:	Complication(s) of Pr						ncy Termination		
☐ Yes ■	No							• 1	None	☐ Ute	rine Perforation		
					☐ Hemorrhage ☐ Cervical Lacerat								
Fetus viable?	NT -	If viable, medical	reason for term	ination:									
☐ Yes ■	163						☐ Infection ☐ Retained Products						
									Other (Spec	cify)			
Pathological examin performed?	If yes, results:												
☐ Yes ■	No							Did this			sult in a maternal death?		
								☐ Yes	s 🔳 No	0			
											1		
				Туре	of Termi	nation Procedu	res						
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e			
☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol				
☐ Medical (Nonst	ırgıca	l) Other (Specify)				Medical	(Nonsu	irgicai) C	Other (Spec	ıfy)			
		uction Curettage							on Curetta				
☐ Medical (Surgio		Menstrual Aspiration Other (Specify)							strual Aspir r (Specify)	ration			
- N. 1. 1/G	1)	1 (1 (1					/G :	1)	1	.1 6.11			
For Medical (Surgic	al) pr	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	al) procec	lures, answ	er the following qu	lestion.		
	le or l ■ N	nave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at lea	st 20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the following	ng questio	ons.	If the previou	ıs quest	ion was a	nswered ye	es, complete the fo	llowing questions.		
Was the fetus given ☐ Yes [best opportunity to surv	ive?				us givei Yes [_	opportunit	y to survive?			
What was the basis	s for a	letermination that the pr	egnant woman	had a con	dition	What was t	he hasis	for deter	mination t	hat the pregnant w	oman had a condition		
that required the pr		are to avert death or seri				that require					irment to the pregnant		
woman?						woman?							
						1							
Date last normal me		•		Physicia	an estimat	e of gestation (in week:	s)	Post fe	rtilization age of th	· · · · · · · · · · · · · · · · · · ·		
How were the gestat		age and post fertilization	n age determin	ed?		9				7			
ULTRASOUND	- V11UI		450 40101111111										
<u> </u>													
Full name of physici	-	rforming termination											
	-	orming termination (num		t, city, stat	te, and zip	code)							
200 S. MERIDIAN	ST, I	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DO	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addi PPIN-GEORGETOWN OR (PPG	ress 31) - 8590 GEORGETOWN ROA	AD, INDIANAPOLIS, IN, 40	City 01	r town, of pregna	ncy termination	1	County of pregnance	cy termination			
<u> </u>			<u> </u>		-						
Patient's age** 28	Iarried ☐ Yes ■ No	Date of pregnancy	y termination 5/2017	Educa	tion	1	ollege, No Degree				
Race American Indian or Native Hawaiian or		☐ Asian ☐ White ☐	Black or Afri Other	ican American	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	1	-		Number now		0				
Other Terminations:	Number of spontaneo	ous terminations			Number of inc	duced termin					
Dates of terminations (I		nation. If more than	six (6), those n	nost recent.)	5						
Fetus delivered alive?		ime fetus survived:		4	5	Complic	cation(s) of Pregnancy	y Termination			
☐ Yes ■ No	y any a garage					None	☐ Uterin	e Perforation			
						Hemorrhag	e \Box Cervic	cal Laceration			
Fetus viable? ☐ Yes ■ No	If viable, medica	l reason for terminati	ion:				_				
☐ Fes 🕒 No				☐ Infection ☐ Retained Products							
Data ta ta ta	TC 1					Other (Spec	cify)				
Pathological examination performed?	on If yes, results:										
☐ Yes ■ No					Did th			t in a maternal death?			
						23 🗀 110	5				
			Type of Term	nination Procedur	res						
Procedure that Terminal	ted Pregnancy		• •		ocedure that Te	rminated Pr	eonancy				
Medical (Nonsurgion Medical (Nonsurgio Medi	cal) Misoprostol				(Nonsurgical) (Nonsurgical)	Misoprostol					
☐ Medical (Nonsurgi	cal) Other (Specify)			☐ Medical	(Nonsurgical)	Other (Spec	ify)				
Medical (Surgical)	Suction Curettage Menstrual Aspiration				(Surgical) Sucr (Surgical) Mer						
Medical (Surgical)					(Surgical) Oth		ration				
For Medical (Surgical) 1	procedures, answer the f	ollowing question.		For Medical (Surgical) proce	dures, answ	er the following ques	stion.			
	r have a post fertilization	n age at least 20 weel	ks?			e a post fert	ilization age at least	20 weeks?			
Yes :		-1-4-4b- 6-11	4:	_	Yes No		1-4-4h- f-11-				
If the previous question			uestions.		-	•	es, complete the follo	wing questions.			
Was the fetus given th	ne best opportunity to sur No	vive?			us given the bes Yes	st opportunit	y to survive?				
	r determination that the J						hat the pregnant wor				
that required the proce woman?	edure to avert death or se	rious impairment to	the pregnant	woman?	d the procedure	to avert dea	th or serious impairn	nent to the pregnant			
Date last normal menses	s began	Ph	ysician estima	ate of gestation (i	n weeks)	Post fe	rtilization age of the	fetus (in weeks)			
11	10/27/2017	1		6			4				
How were the gestation: ULTRASOUND	ai age and post fertilizati	on age determined?									
Full name of physician p	-										
Address of physician pe		umber and street, cit	y, state, and zi	ip code)							
200 S. MERIDIAN ST,	, INDIANAPOLIS, IN 4	6225									
**Date Reported to I	DCS, if Patient under	14 (month, day, year	·):				_				

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Facility Name and Address PIN-georgetown or (PPGI) - 8590 georgetown road, Indianapolis, In, 46268				IN, 46268	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
						,						
Patient's age** 26	Mar	ried Yes I No	Date of pregn	ancy term 12/15/201		Educa	tion			elor's Degree		
Race American Indian Native Hawaiian			Asian White	☐ Blacl		an American	Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Terminations	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termina	ation. If more ti	han six (6)), those m	ost recent.)						
1		2	3			4		5		6		
Fetus delivered alive Yes 1		If yes, length of tin	me fetus surviv	ed:		Complication(s) of F					y Termination	
	10						ne Perforation					
Fetus viable?		If viable, medical	rassan for tarm	ination				□ I	Hemorrhage	e 🔲 Cervi	cal Laceration	
Yes • 1	No	ii viable, illedicar	reason for term	manon.				□ I	nfection	☐ Retain	ned Products	
									Other (Spec	rify)		
Pathological examina	ation	If yes, results:						<u></u>	suici (spec	-957		
performed?												
☐ Yes ■ No								Did this ☐ Yes		on of pregnancy resu	It in a maternal death?	
						<u> </u>						
Type of Termination Procedures												
Type of Termination Procedures												
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy		
☐ Medical (Nonsu☐ Medical (No									Aiseprestel			
		l) Other (Specify)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgice)	2 (le	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge.		
☐ Medical (Surgice)	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration		
☐ Medical (Surgic	al) C	Other (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	n.		For Medical	(Surgica	l) proced	lures, answ	er the following que	stion.	
	_	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [■ No)					Yes [No				
If the previous questi	ion w	as answered yes, compl	lete the following	ng questio	ns.	If the previou	ıs questi	on was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus giver ☐ Yes ☐		best opportunity to surv	ive?				us given Yes	_	opportunit	ty to survive?		
What was the basis	for d	etermination that the pr	egnant women	had a con-	dition	What was t	he hasie	for deter	mination t	hat the pregnant won	nan had a condition	
that required the pr		ire to avert death or seri				that require				th or serious impair		
woman?						woman?						
						l .						
Date last normal mer		-		Physicia	n estimat	e of gestation (in weeks	:)	Post fe	rtilization age of the	fetus (in weeks)	
How were the gestati		09/23/2017 age and post fertilization	n age determin	ed?		13				11		
ULTRASOUND		Post Istanzatio										
Full name of physici	-	•										
	-	orming termination (num		t, city, stat	e, and zip	code)						
ZUU S. WERIDIAN S	ا , ا د 	NDIANAPOLIS, IN 46	0220									
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANAPO	City C	or town, of pregna	ncy termination		County of pregnancy termination MARION				
	illica	regnancy termination	Educa							
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	12/15/2017 ■ Black or Af ☐ Other	frican American	Unknown	Ethnicity Hispan Not H	nic or Latino ispanic or Latino				
Live Births:	Number now living	3		Number now d	leceased	0				
Other Terminations:	Number of spontaneous terminati	ons 2	Number of induced terminations 2							
Dates of terminations (Do	o not include this termination. If mo	re than six (6), those	most recent.) 4. UNKNOWN	5.		6.				
Fetus delivered alive? Yes No	If yes, length of time fetus su	rvived:			Complica	ation(s) of Pregnancy Termination Uterine Perforation				
Fetus viable? Yes No	If viable, medical reason for t	ermination:		☐ Hemorrhage ☐ Cervical Laceration ☐ Retained Products ☐ Other (Specify)						
Pathological examination performed?	If yes, results:			Did thi	s terminatio	n of pregnancy result in a maternal death?				
				☐ Ye	s 🔳 No					
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Procedure that Terminate	•		Additional Pi	ocedure that Ter	minated Pre	egnancy				
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	al) Misoprostol		 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 							
Medical (Surgical) S Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		☐ Medical							
For Medical (Surgical) pr	rocedures, answer the following que	estion.	For Medical	(Surgical) proced	dures, answe	er the following question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least	20 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
	was answered yes, complete the follo	owing questions.		_	inswered yes	s, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes \(\sime\) No	opportunity	y to survive?				
	determination that the pregnant wor lure to avert death or serious impair					at the pregnant woman had a condition h or serious impairment to the pregnant				
Date last normal menses	hegan	Physician estin	nate of gestation (i	in weeks)	Post fer	tilization age of the fetus (in weeks)				
	09/17/2017	-	12		1 050 101	10				
How were the gestational ULTRASOUND	age and post fertilization age deter	mined?								
Full name of physician pe	erforming termination									
DR. CAROL DELLING	ER	tunnt nits 1	zin ac de)							
	forming termination (number and san INDIANAPOLIS, IN 46225	reei, city, state, and	лр соае)							
**Date Reported to Do	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/23/2017

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Facility Name and Address pin-georgetown or (PPGI) - 8590 georgetown road, indianapolis, in, 46268				IN, 46268	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
· · ·						Ι.						
Patient's age** 20	Mai	ried ☐ Yes ■ No	Date of pregn	ancy term 12/15/201		Educa	tion			ollege, No Degree		
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		known	■ Not F	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	us terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6)), those m	ost recent.)						
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:	Complica					cation(s) of Pregnanc	y Termination	
	NO					■ None ☐ Uterine Perfora						
Fetus viable?		If viable, medical	managem for town	instiant				☐ I	Hemorrhage	e 🔲 Cervi	cal Laceration	
Yes I	No	ii viable, medicai	reason for term	ination:				□ I	nfection	☐ Retain	ned Products	
									Other (Spec			
Pathological examin					Juici (Spec	.(1)						
performed?												
☐ Yes ■ No						Did this termination of pregnancy result in a maternal dea ☐ Yes ■ No						
									3 🗀 110	,		
				Т	of Tome:	nation Decaret	rac					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Procedure that Term	inate	d Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy		
Medical (Nonsu									Aifepriston			
☐ Medical (Nonsu ☐ Medical (Nonsu		l) Other (<i>Specify</i>)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Madian (Carani	-1\ C	landing County					(C:-	-1) C4:	C			
☐ Medical (Surgio	al) N	fuction Curettage Menstrual Aspiration				☐ Medical	(Surgica	al) Mens	on Curettag strual Aspir	ge ration		
☐ Medical (Surgion	al) (Other (Specify)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questic	n.		For Medical	(Surgica	l) proced	lures, answ	er the following que	estion.	
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
	■ N						Yes [No	•			
If the previous quest	ion w	as answered yes, compl	lete the following	ng questio	ns.	If the previou	ıs questi	on was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus given	n the	best opportunity to surv	vive?			Was the fet	us given	the best	opportunit	y to survive?		
☐ Yes [Yes [_				
		letermination that the pr								hat the pregnant wor		
woman?	ocedi	are to avert death or seri	ious impairmer	it to the pr	egnant	woman?	d the pro	ocedure t	o avert dea	ith or serious impairi	ment to the pregnant	
Date last normal men	nsec 1	negan		Physicia	n estimat	e of gestation (in waaba)	Post for	rtilization age of the	fetus (in weeks)	
Suc ast normal file		10/24/2017		1 11751010	commat	6	WEEKS	,	1 031 101	4	Louis (no recens)	
	ional	age and post fertilization	on age determin	ed?					1			
ULTRASOUND												
Full name of physici DR. CAROL DELL	-	rforming termination										
		orming termination (num	mber and stree	t, city, stat	e, and zip	code)						
	-	NDIANAPOLIS, IN 46										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/23/2017

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Facility Name and Address PPIN-GEORGETOWN OR (PPG	acility Name and Address N-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						ity or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
26	Aarried	Yes No	Date of pregn	nancy termin		Educa	tion	н		ol Diploma or G	ED		
Race American Indian or Native Hawaiian or			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Nui	mber now living	1	_				er now d		0			
Other Terminations:	Nui	mber of spontaneou	s terminations 0				Numb	er of ind	uced termin				
Dates of terminations (I	Do not			than six (6),	those mo	ost recent.)		5					
Fetus delivered alive?		If yes, length of tir		ved:		4		3	Complic	ation(s) of Pregnar	cy Termination		
☐ Yes ■ No		,,,						■ N	None	☐ Uter	ine Perforation		
								_ □ 1	Hemorrhage	e □ Cerv	rical Laceration		
Fetus viable? If viable, medical reason for termination:									nfection	_	ined Products		
res • No										_	illed Products		
Data ta ta ta ta		If yes, results:							Other (Spec	rify)			
Pathological examination performed?													
☐ Yes ■ No								Did this			ult in a maternal death?		
	<u> </u>						I		, [] 110	,			
Type of Termination Procedures													
Procedure that Termina	ited Pre	eonancy		71		Additional P		that Ter	minated Pr	eonancy			
Medical (NonsurgiMedical (Nonsurgi	ical) M	Iisoprostol				☐ Medical	(Nonsu	rgical) M	Iifepriston Iisoprostol				
☐ Medical (Nonsurgi	ical) O	ther (Specify)				☐ Medical	(Nonsu	rgical) C	ther (Speci	ify)			
Medical (Surgical) Medical (Surgical)									on Curettaş				
Medical (Surgical)									(Specify)	ation			
For Medical (Surgical)	proced	ures, answer the fol	lowing questic	on.		For Medical	(Surgica	ıl) proced	ures, answ	er the following qu	estion.		
Was the fetus viable o		a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ☐							Yes [_					
If the previous question				ng question	IS.	•	•		•	es, complete the fol	lowing questions.		
Was the fetus given th ☐ Yes ☐		opportunity to surv	ive?				us given Yes		opportunit	y to survive?			
What was the basis fo											man had a condition		
that required the proce woman?	edure to	o avert death or seri	ous impairmer	nt to the pre	gnant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impai	rment to the pregnant		
Date last normal mense	s begar	1		Physician	n estimate	e of gestation (in weeks	;)	Post fer	rtilization age of th	e fetus (in weeks)		
77		0/2017	1	10		9				7			
How were the gestation ULTRASOUND	iai age i	and post fertilization	n age determin	ied?									
Full name of physician DR. CAROL DELLING	-	ming termination											
Address of physician pe	erformi	-		t, city, state	, and zip	code)							
200 S. MERIDIAN ST	, INDIA	ANAPOLIS, IN 46	225										
**Date Reported to I	**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	SS) - 8590 GEORGETOWN ROAD, INDIANAP	OLIS, IN, 46268	or town, of pregna	ncy termination	County of pregnancy termination MARION					
25	urried Date of p	regnancy termination 12/15/2017	Educa	Sc	ome College, No Degree					
Race American Indian or A Native Hawaiian or O	other Pacific Islander White	☐ Black or Afi☐ Other	rican American	[Ethnicity ☐ Hispanic or Latino ■ Not Hispanic or Latino ☐ Unknown					
Live Births:	Number now living	0		Number now dece	eased 0					
Other Terminations:	Number of spontaneous terminat			Number of induce	ed terminations					
	not include this termination. If m	ore than six (6), those	most recent.)		0	_				
1	2 3		4	5	6					
Fetus delivered alive?	If yes, length of time fetus su	ırvived:			Complication(s) of Pregnancy Termination					
☐ Yes ■ No				ne Uterine Perforation						
			☐ Hemorrhage ☐ Cervical Laceration							
Fetus viable?	If viable, medical reason for	termination:			_					
☐ Yes ■ No				☐ Infe	ection Retained Products					
				Oth	er (Specify)					
Pathological examination	If yes, results:									
performed? Yes No				Did this to	remination of prognancy regult in a maternal death	-				
			Did this termination of pregnancy result in a maternal d Yes No							
Type of Termination Procedures										
		Type of Tell				_				
Procedure that Terminate	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy									
Medical (Nonsurgica				(Nonsurgical) Mife						
Medical (Nonsurgical Medical Medica				(Nonsurgical) Mise (Nonsurgical) Other						
						_				
Medical (Surgical)	Suction Curettage Menstrual Aspiration		Medical	(Surgical) Suction (Surgical) Menstru	Curettage					
Medical (Surgical)				(Surgical) Other (S						
For Medical (Synciael) pr	no ordinary anaryzan tha fallovning av	agtion	For Medical (Surgical) procedures, answer the following question.							
For Medical (Surgical) pr	rocedures, answer the following qu	estion.								
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at leas	t 20 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
										
If the previous question w	vas answered yes, complete the fol	lowing questions.	If the previou	s question was ansv	wered yes, complete the following questions.					
	best opportunity to survive?				pportunity to survive?					
☐ Yes ☐ N	0			res No						
	determination that the pregnant wo				nation that the pregnant woman had a condition evert death or serious impairment to the pregnant					
woman?	ture to avert death of serious impar	inient to the pregnant	woman?	d the procedure to a	iven death of serious impairment to the pregnant					
Date last normal menses	began 10/21/2017	Physician estim	ate of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks) 6					
	age and post fertilization age dete	rmined?				_				
ULTRASOUND										
Full name of physician pe	erforming termination									
DR. CAROL DELLING	_									
	forming termination (number and s	street, city, state, and z	ip code)							
200 S. MERIDIAN ST, I	INDIANAPOLIS, IN 46225									
**Date Reported to DO	*Date Reported to DCS, if Patient under 14 (month, day, year):									

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Facility Name and A PPIN-GEORGETOWN OR	acility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					town, of pregna	ncy termination	1	County of pregna	ncy termination		
Dationt's **	T .		Date of		inati-	1 -	tion					
Patient's age** 25	Mai	ried Yes No	Date of pregr	12/15/201		Educa			ool Diploma or G	ED		
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black ■ Other		an American	Unknown		y panic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	1				Number now	deceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations				Number of in	duced termi	inations 1			
Dates of termination	is (Do	not include this termine	ation. If more t			ost recent.)	5		6.			
Fetus delivered alive	e?	If yes, length of tin							cation(s) of Pregnar	acy Termination		
☐ Yes ■	No					■ None ☐ Uterine Perforation						
								Hemorrhag	ge 🔲 Cerv	vical Laceration		
Fetus viable? Yes	Nο	If viable, medical	reason for term	nination:				Infection	Rets	ined Products		
								Other (Spec		mied i roducts		
Pathological examin	ation	If yes, results:						Outer (Spec	cijy)			
performed?	ii yes, results.											
☐ Yes ■ No						Did this termination of pregnancy result in a maternal deat Yes No						
	Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsurgical)	Mifepriston	ne			
Medical (Nonsu	ırgica					Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						
- Wedlear (Fromse	argreu	y other (specify)				- Wedlear	(Tronsurgicur)	other (spec				
	1) 0						(G : 1) G	· · · · · ·				
☐ Medical (Surgio	cal) N	uction Curettage Ienstrual Aspiration				☐ Medical	(Surgical) Suc (Surgical) Mer	nstrual Aspi	iration			
Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgical) Oth	er (<i>Specify</i>)				
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing question	on.		For Medical ((Surgical) proce	edures, answ	wer the following qu	estion.		
Was the fetus viab ☐ Yes [have a post fertilization	age at least 20	weeks?			us viable or hav Yes 🔲 No	e a post fer	tilization age at leas	t 20 weeks?		
If the previous quest	tion w	as answered yes, compl	ete the followi	ng questio	ns.	If the previou	s question was	answered y	ves, complete the fol	lowing questions.		
	n the	best opportunity to surv	ive?				us given the bes	st opportuni	ity to survive?			
		etermination that the pr	egnant women	had a core	dition			ermination t	that the pregnant we	oman had a condition		
		ire to avert death or seri								rment to the pregnant		
woman :						woman:						
Date last normal me	nses l	egan		Physicia	n estimat	e of gestation (i	n weeks)	Post fa	ertilization age of th	e fetus (in wooks)		
	1	0/28/2017			comiat	7	rechaj	1 031 10	5			
How were the gestat	tional	age and post fertilizatio	n age determin	ned?								
ULTRASOUND												
	Full name of physician performing termination DR. CAROL DELLINGER											
		orming termination (num	nber and stree	t, city, state	e, and zip	code)						
200 S. MERIDIAN	ST, II	NDIANAPOLIS, IN 46	225									
**Date Reported	*Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Addr PPIN-GEORGETOWN OR (PPO	ress GI) - 8590 GEORGETOWN ROA	City or to		ncy termination	County of pregnancy termination MARION					
			1				ı			
Patient's age** 31	Iarried ☐ Yes ■ No	Date of pregnancy te		Educat	tion		ollege, No Degree			
Race American Indian or Native Hawaiian or			ack or Africar	n American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	3			Number now	deceased	0			
Other Terminations:	Number of spontaneo				Number of in	duced termi	nations 0			
Dates of terminations (I	Do not include this termin	nation. If more than six	(6), those mos	st recent.)						
1	1	3	4.		5.		6			
Fetus delivered alive? Yes No	If yes, length of ti	ime fetus survived:		Complication(s) of Pregnancy Ten						
						None	☐ Uterin	ne Perforation		
Fetus viable?	If viable, medical	reason for termination				Hemorrhag	ge 🔲 Cervio	cal Laceration		
☐ Yes ■ No						Infection	☐ Retair	ned Products		
						Other (Spec	cify)			
Pathological examination	on If yes, results:									
performed?										
☐ Yes ■ No								It in a maternal death?		
Type of Termination Procedures										
Procedure that Terminal	tad Pragnancy				ocedure that To	arminated P	ragnancy			
							•			
☐ Medical (Nonsurgion Medical (Nonsurgio Medical (Nonsur					(Nonsurgical) (Nonsurgical)					
	cal) Other (Specify)			Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage			☐ Medical	(Surgical) Suc	tion Curetta	ıge			
	Menstrual Aspiration			■ Medical	(Surgical) Me (Surgical) Oth	nstrual Aspi	ration			
	Other (Specify)									
								_		
For Medical (Surgical)	procedures, answer the fo	ollowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable o ☐ Yes ■	or have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
				_						
If the previous question	was answered yes, comp	plete the following ques	tions.	If the previou	s question was	answered y	es, complete the follo	wing questions.		
Was the fetus given th ☐ Yes ☐ 1	ne best opportunity to surv No	vive?			us given the be Yes No	st opportuni	ty to survive?			
			1141	_	_		11	1 1 12		
	r determination that the pedure to avert death or ser						hat the pregnant won ath or serious impairs			
woman?				woman?						
Date last normal menses	•	Physi	cian estimate	of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the restation	09/02/2017 al age and post fertilization	on age determined?		12			10			
ULTRASOUND	ai age and post terunzand	on age determined!								
Full name of physician	=									
Address of physician pe	GER erforming termination (nu	unher and street sites	tate and sin a	rode)						
	, INDIANAPOLIS, IN 4		ыне, ини хір С	oue j						
· · · · · · · · · · · · · · · · · · ·										
**Date Reported to I	**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANAPOL	LIS, IN, 46268 City (or town, of pregna	ncy termination	County of pregnancy termination MARION					
	1	egnancy termination	Educa	tion	Dashalaria Dages					
Race American Indian or A Native Hawaiian or O	—	12/27/2017 ☐ Black or Af ☐ Other	rican American		thnicity Hispanic or Latino Not Hispanic or Latino Unknown					
Live Births:		0			0					
Other Terminations:	Number of spontaneous termination	0		Number of induced	d terminations 0					
Dates of terminations (Do	o not include this termination. If mor	re than six (6), those	most recent.)	_						
Fetus delivered alive? Yes No	If yes, length of time fetus sur	vived:	4	S. C	Complication(s) of Pregnancy Termination e Uterine Perforation					
Fetus viable? Yes No	If viable, medical reason for to	ermination:		☐ Infec	norrhage					
Pathological examination performed? Yes No	If yes, results:			Did this termination of pregnancy result in a maternal de						
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medical (Nonsurgical Medical Medica		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
Medical (Surgical) S Medical (Surgical) I Medical (Surgical) O	Menstrual Aspiration		☐ Medical							
For Medical (Surgical) pr	rocedures, answer the following ques	stion.	For Medical (Surgical) procedures, answer the following question.							
	have a post fertilization age at least		Was the fett	Was the fetus viable or have a post fertilization age at least 20 weeks?						
	was answered yes, complete the follo	wing questions.		Yes ☐ No s question was answ	vered yes, complete the following questions.					
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best opp	portunity to survive?					
	determination that the pregnant won lure to avert death or serious impairn				nation that the pregnant woman had a condition wert death or serious impairment to the pregnant					
Date last normal menses	began	Physician estin	nate of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)					
	10/31/2017		7	,	5					
How were the gestational ULTRASOUND	age and post fertilization age determ	nined?								
Full name of physician po	=									
Address of physician perf	forming termination (number and str ROAD, INDIANAPOLIS, IN 4626		zip code)							
**Date Reported to DO	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City (or town, of pregna	ncy termination	(County of pregnancy termination MARION				
Datient's**		manay t	F-1	tion						
32	rried Date of preg	nancy termination 12/27/2017	Educa	tion		ege, No Degree				
Race American Indian or A Native Hawaiian or O		☐ Black or Af	rican American	Unknown		ic or Latino Spanic or Latino Unknown				
Live Births:	Number now living 2			Number now d	eceased	0				
Other Terminations:	Number of spontaneous termination	s		Number of ind	uced termina	tions				
Dates of terminations (De	0 o not include this termination. If more		most recent.)			0				
1	2 3		4	5		6				
Fetus delivered alive?	If yes, length of time fetus survi	ved:			Complicat	cation(s) of Pregnancy Termination				
☐ Yes ■ No				■ 1	None	☐ Uterine Perforation				
				D	Hemorrhage	☐ Cervical Laceration				
Fetus viable? ☐ Yes ■ No	If viable, medical reason for terr	mination:			nfection	Retained Products				
163 110						_				
					Other (Specify	y) 				
Pathological examination performed?	If yes, results:									
Yes No			Did this termination of pregnancy result in a maternal							
				☐ Yes	s 🔳 No					
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurgical	al) Mifenristone		☐ Medical	(Nonsurgical) M	//////////////////////////////////////					
☐ Medical (Nonsurgical	al) Misoprostol		☐ Medical	(Nonsurgical) M	/Iisoprostol	,				
☐ Medical (Nonsurgical	al) Other (Specify)		☐ Medical	(Nonsurgical) C	Other (Specify	')				
Medical (Surgical)				(Surgical) Sucti						
☐ Medical (Surgical) ☐ Medical (Surgical) ☐	Menstrual Aspiration Other (Specify)			(Surgical) Mens		ion				
in incurcui (Burgicur)	outer (speedy)		☐ Medical (Surgical) Other (Specify)							
			_							
For Medical (Surgical) pr	rocedures, answer the following questi	ion.	For Medical (Surgical) procedures, answer the following question.							
	have a post fertilization age at least 20) weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ■ N			_	Yes No						
If the previous question v	vas answered yes, complete the follow	ring questions.	If the previou	s question was a	nswered yes,	complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes \(\sime\) No	opportunity	to survive?				
What was the basis for	determination that the pregnant woma	n had a condition	What was th	ne basis for deter	mination that	t the pregnant woman had a condition				
that required the proced	lure to avert death or serious impairme		that require			or serious impairment to the pregnant				
woman?			woman?							
<u> </u>			l							
Date last normal menses	•	Physician estim	nate of gestation (i	n weeks)	Post ferti	lization age of the fetus (in weeks)				
	10/15/2017 age and post fertilization age determi	ned?	11			9				
ULTRASOUND	50 and post fortinzation age determin									
<u> </u>										
Full name of physician po	erforming termination									
DR. CASANDRA CASI	HMAN									
	forming termination (number and stre ROAD, INDIANAPOLIS, IN 46268		zip code)							
	NOAD, INDIANAFOLIS, IN 40200									
**Date Reported to Do	CS, if Patient under 14 (month, day	, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and Add PPIN-GEORGETOWN OR (PP	acility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					ncy termination		County of pregnancy termination MARION		
Patient's age** 31	Marri	ed Da		cy termination 27/2017	Educa	tion		h, No Diploma		
Race American Indian or Native Hawaiian or	Oth	er Pacific Islander 🔲	=	Black or Afric	can American	Unknown		nic or Latino 🔲 Unknown		
Live Births:	1	Number now living	6			Number now de	ceased	0		
Other Terminations:	1	Number of spontaneous te				Number of indu	ced termin	ations		
Dates of terminations (Do n	ot include this terminatio	n. If more than	ı six (6), those m	nost recent.)			0		
1		2	3		4	5		6		
Fetus delivered alive?		If yes, length of time	etus survived:				Complica	nplication(s) of Pregnancy Termination		
☐ Yes ■ No)					■ No	one	☐ Uterine Perforation		
					□ Hemorrhage □ Cervical Laceration					
Fetus viable?		If viable, medical reas	on for termina	tion:						
☐ Yes ■ No					☐ Infection ☐ Retained Products					
				☐ Other (Specify)						
Pathological examinati	on	If yes, results:								
performed? ☐ Yes ■ No										
☐ Yes ■ No					Did this termination of pregnancy result in a maternal d Yes No					
Type of Termination Procedures										
				Type of Term	Ination Procedur	res				
Procedure that Termina	Pregnancy			Additional Procedure that Terminated Pregnancy						
Medical (Nonsurg					Medical (Nonsurgical) Mifepristone					
☐ Medical (Nonsurg ☐ Medical (Nonsurg						(Nonsurgical) Mi (Nonsurgical) Ot		fv)		
incurear (1 tonsurg	,icui)	other (speetyy)			Wiedlean	(Tronsargical) Of	mer (speed)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Medical (Surgical)						(Surgical) Suctio				
☐ Medical (Surgical) ☐ Medical (Surgical)					☐ Medical ☐ Medical	(Surgical) Menst (Surgical) Other	rual Aspira (Specify)	ation		
For Medical (Surgical)	proc	edures, answer the follow	ring question.		For Medical (Surgical) procedures, answer the following question.					
		ve a post fertilization age	at least 20 we	eks?	Was the fetus viable or have a post fertilization age at least 20 weeks?					
☐ Yes ■	No				⊔ `	Yes No				
If the previous question	n was	s answered yes, complete	the following	questions.	If the previou	s question was an	swered ye	s, complete the following questions.		
Was the fetus given the	he be	est opportunity to survive	,		Was the fet	us given the best o	opportunity	to survive?		
☐ Yes ☐						Yes No				
		termination that the pregn						at the pregnant woman had a condition		
that required the proc woman?	edur	e to avert death or serious	impairment to	the pregnant	that require woman?	d the procedure to	avert deat	h or serious impairment to the pregnant		
woman.					woman.					
Date last normal mense		_	P	hysician estima	te of gestation (i	n weeks)	Post fer	tilization age of the fetus (in weeks)		
TT (1 (1)		/27/2017	1	<u> </u>	7			5		
ULTRASOUND	nai a	ge and post fertilization ag	ge determined	•						
OLINAOOOND										
E-II C 1 11										
Full name of physician DR. CASANDRA CAS	_	_								
		ming termination (numbe	r and street, c	ity, state, and zij	o code)					
		OAD, INDIANAPOLIS,								
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/31/2018

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Facility Name and A PPIN-GEORGETOWN OR	Facility Name and Address PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268				City or	City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
Patient's age** 24	Ma	ried Yes No	Date of pregn	ancy term 12/27/201		Educa	ition			ollege, No Degree		
Race American Indian Native Hawaiian			Asian White	☐ Blac		can American		known	■ Not I	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6)), those m	ost recent.)				0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:	Complication(s					cation(s) of Pregnanc	y Termination	
☐ Yes ■	NO						ne Perforation					
								□ I	Hemorrhage	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes	No	If viable, medical	reason for term	ination:				Пі	nfection	☐ Retair	ned Products	
D-41 -1i1i-	-4:	If yes, results:							Other (Spec	uyy)		
Pathological examin performed?												
☐ Yes ■ No						Did this termination of pregnancy result in a maternal dea						
								☐ Ye	s 🔳 No	0		
Type of Termination Procedures												
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy		
■ Medical (Nonsu									//ifepriston			
Medical (Nonsu		l) Misoprostol l) Other (Specify)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
	8	-, (- ,					(- 10-10-1	-8	(~ /	957		
		uction Curettage Ienstrual Aspiration				Medical Medical	(Surgic	al) Sucti	on Curetta strual Aspin	ge ration		
Medical (Surgio									r (Specify)	ation		
For Medical (Surgic	al) pr	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures answ	er the following que	 stion	
						For Medical (Surgical) procedures, answer the following question.						
	le or i	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ■ No						
If the previous quest	ion w	as answered yes, compl	ete the following	ng questio	ns.	If the previous	ıs auesti	ion was a	nswered ve	es, complete the follo	owing questions.	
				-8 1		-	•		•	•		
Was the letus give		best opportunity to surv	ive?				us giver Yes	_	opportunit	ty to survive?		
What was the basis	s for o	etermination that the pr	egnant woman	had a con	dition	What was t	he basis	for deter	mination th	hat the pregnant won	nan had a condition	
		are to avert death or seri				that require				th or serious impair		
woman :						woman?						
Date last normal me		•		Physicia	nn estimat	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)	
How were the gestat		age and post fertilization	n age determin	ed?		10				8		
ULTRASOUND		-G Post Torunzatio										
Full name of physici	an pe	rforming termination										
DR. CASANDRA C	ASH	MAN										
	-	orming termination (number of the company)		t, city, stat	e, and zip	code)		_				
	, NI N											
**D + B	Date Reported to DCS, if Patient under 14 (month, day, year):											
↑↑Date Reported t	o DO	S, if Patient under 1	4 (month, day, j	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and Addre	acility Name and Address N-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or town, of pregnancy termination INDIANAPOLIS				
							<u> </u>			
19	nrried Yes I No	Date of pregnancy term 12/27/20		Educat			ool Diploma or GE	D		
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Bla ■ White ☐ Oth	ck or African er	American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	0			Number now	deceased	0			
Other Terminations:	Number of spontaneou	is terminations			Number of in	duced termi	nations 0			
Dates of terminations (De	not include this termin	ation. If more than six (6), those most	recent.)						
1	1	3	4		5		6			
Fetus delivered alive? Yes No	If yes, length of tin	me fetus survived:			cation(s) of Pregnanc					
						None	☐ Uterir	e Perforation		
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	ge 🔲 Cervie	cal Laceration		
☐ Yes ■ No						Infection	☐ Retain	ned Products		
						Other (Spec	cify)			
Pathological examination	If yes, results:									
performed? ☐ Yes ■ No					D:14	• , • ,•	<u> </u>	1. 1.1.40		
l les l No								It in a maternal death?		
Type of Termination Procedures										
Procedure that Terminate	ad Pragnancy				ocedure that Te	rminated D	ragnancy			
	,									
☐ Medical (Nonsurgical Medical Medic					(Nonsurgical) (Nonsurgical)					
Medical (Nonsurgical]		(Nonsurgical)					
Medical (Surgical)	Suction Curettage		_[☐ Medical	(Surgical) Suc	tion Curetta	ige			
	Menstrual Aspiration]	Medical	(Surgical) Mer (Surgical) Oth	strual Aspi	ration			
Wiedicai (Surgicai)	Other (<i>specify</i>)			iviedicai	(Surgicar) Our	ы (эресцу)				
For Medical (Surgical) pr	rocedures, answer the fol	llowing question.	I	For Medical ((Surgical) proce	dures, answ	ver the following que	stion.		
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks?			us viable or hav Yes □ No	e a post fert	tilization age at least	20 weeks?		
				_						
If the previous question v	was answered yes, compl	ete the following questi	ons. I	f the previou	s question was	answered y	es, complete the follo	wing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the bes	t opportuni	ty to survive?			
			1141	_	_	• .• .•	11	1 1 12		
	determination that the pr lure to avert death or seri						hat the pregnant won ath or serious impairr			
woman?				woman?						
Date last normal menses	•	Physic	ian estimate o		n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
	10/08/2017	n aga datamain - 10		11			9			
How were the gestational ULTRASOUND	ı age anu post tertinzatio	n age ucienninea!								
Full name of physician po										
DR. CASANDRA CASE Address of physician per		mhor and street site -	ita and sin s	rde)						
8590 GEORGETOWN	,		ие, ина zip со	nue)						
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):								

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	acility Name and Address IN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 4626 atient's age** Married Date of pregnancy to					City or town, of pregnancy termination INDIANAPOLIS County of pregnancy t MARI					*				
Patient's age** 25	Marı	ried Ye	s 🔳 No	1 0	nancy term 12/27/20 1		Educa	tion		Bach	elor's Degree				
Race American Indian Native Hawaiian				☐ Asian ■ White	☐ Blac		n American	☐ Un	ıknown	Ethnicity Hispa Not H	nic or Latino Iispanic or Latino	Unknown			
Live Births:		Number	now living	0				Numb	per now de	ceased	0				
Other Termination	s:	Number	of spontane	eous terminations				Numb	per of indu	ced termir					
Dates of termination	is (Do			ination. If more			st recent.)		5		6				
Fetus delivered alive	?			time fetus surviv						Complic	ation(s) of Pregnancy	Termination			
☐ Yes ■	No								■ No	one	☐ Uterine	e Perforation			
Fetus viable?		If v	iable medic	al reason for tern	nination:				□ н	emorrhage	e Cervica	al Laceration			
Yes •	No	11 4	idoie, inedie	ar reason for term	mation.				☐ In	fection	☐ Retaine	ed Products			
									☐ Oi	ther (Spec	ify)				
Pathological examin performed?	ation	If y	es, results:												
☐ Yes ■	No											in a maternal death?			
									Yes	■ No)				
					Туре	of Termin	ermination Procedures								
Procedure that Term	Procedure that Terminated Pregnancy								e that Term	ninated Pro	egnancy				
Medical (Nonsu) Mifep	ristone				☐ Medical	(Nonsu	rgical) Mi	ifepristone	e					
Medical (Nonsu	Medical (Nonsurgical) Misoprostol							(Nonsu	rgical) Mi	isoprostol					
_		,	. 1 337				_	`	υ,	, 1	,,,,				
Medical (Surgio	cal) Su	action C	urettage				☐ Medical	(Surgic	al) Suctio	n Curettag	ge				
Medical (Surgio	cal) M	[enstrua]	Aspiration					(Surgic	al) Menst	rual Aspir					
	, -	(1	357				_	(.,	(-F 32)					
For Medical (Surgic	al) pro	cedures	answer the	following question	on.		For Medical	(Surgica	al) procedu	ires, answ	er the following ques	_ tion.			
Was the fetus viab	_						Was the fetus viable or have a post fertilization age at least 20 weeks?								
	☐ No						_	Yes [•					
If the previous quest			•	•	ng questio	ons.	•	•		•	s, complete the follow	wing questions.			
Was the fetus give ☐ Yes [ortunity to su	rvive?				us giver Yes [opportunit	y to survive?				
What was the basis											nat the pregnant woma				
that required the programmer woman?	roceau	re to ave	ert death or s	erious impairmei	it to the pr	egnant	woman?	a tne pr	ocedure to	avert dea	th or serious impairm	ent to the pregnant			
Date last normal me		-	47		Physicia	an estimate	of gestation (in week:	s)	Post fer	rtilization age of the f	etus (in weeks)			
11/05/2017 How were the gestational age and post fertilization age determined?							7				5				
ULTRASOUND															
Eall and Colored		£ ·													
Full name of physicion DR. CASANDRA C	ASHI	MAN													
Address of physician 8590 GEORGETON					t, city, stat	te, and zip o	code)								
JULI SECRETOR		JAD, 11	-DIAMAI C												
**Date Reported t	to DC	S, if Pa	tient under	14 (month, day,	year):						-				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addres PPIN-GEORGETOWN OR (PPGI)	S - 8590 GEORGETOWN ROAD), INDIANAPOLIS, IN, 46268	City or	town, of pregna	•			County of pregnancy termination MARION
				HUM	.A. JL			IIIANIVIT
Patient's age** Mar	ried Yes No	Date of pregnancy term 12/27/20		Educa	tion		9th-12t	h, No Diploma
Race American Indian or Al Native Hawaiian or Ot		☐ Asian ☐ Blac ■ White ☐ Othe		an American	☐ Uni	known		nic or Latino
Live Births:	Number now living	0			Numb	er now de	ceased	0
Other Terminations:	Number of spontaneou				Numb	er of indu	ced termin	ations 0
Dates of terminations (Do	not include this termine	ution. If more than six (6)), those m	ost recent.)				0
1	2	3		4		5		6
Fetus delivered alive? Yes No	If yes, length of tir	ne fetus survived:					Complica	ation(s) of Pregnancy Termination
l les 🗀 No						■ No	one	☐ Uterine Perforation
Fetus viable?	If viable, medical	reason for termination:				□ He	emorrhage	☐ Cervical Laceration
Yes No	ii viable, medical	eason for termination.				☐ In	fection	☐ Retained Products
						По	ther (Speci	(fv)
Pathological examination	If yes, results:						(-1	
performed?	J ,							
☐ Yes ■ No						Did this	termination No	n of pregnancy result in a maternal death
	"							
		Type	of Termi	nation Procedu	res			
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I.D.	Турс	or remin			.1 . m	15	
Procedure that Terminated	1 Pregnancy			Additional Pr	ocedure	that Term	unated Pre	egnancy
☐ Medical (Nonsurgical Medical (Nonsurgical				☐ Medical ☐ Medical	(Nonsu	rgical) Mi rgical) Mi	ifepristone	
Medical (Nonsurgical				Medical	(Nonsu	rgical) Ot	her (<i>Specij</i>	fy)
Medical (Surgical) S	uction Curettage			☐ Medical	(Surgica	al) Suctio	n Curettag	re
Medical (Surgical) Medical (Surgical) C	Ienstrual Aspiration			☐ Medical	(Surgical		rual Aspira	
iviedicai (Suigicai)	ине (зресцу)			Wiedicar	(Surgice	ai) Ouici	(ъресіју)	
For Medical (Surgical) pro	ocedures, answer the fol	lowing question.		For Medical ((Surgica	ıl) procedu	ires, answe	er the following question.
Was the fetus viable or h		age at least 20 weeks?					a post ferti	lization age at least 20 weeks?
☐ Yes ■ No					Yes [_		
If the previous question w	as answered yes, compl	ete the following questio	ons.	If the previou	is questi	on was an	swered yes	s, complete the following questions.
Was the fetus given the l	11 .	ive?			us given Yes [opportunity	y to survive?
What was the basis for d								at the pregnant woman had a condition
that required the procedu woman?	ire to avert death or seri	ous impairment to the pr	egnant	that require woman?	d the pro	ocedure to	avert deat	h or serious impairment to the pregnant
				Woman.				
D. L.		l		<u> </u>		,	l n · r	
Date last normal menses b	egan 19/29/2017	Physicia	an estimat	e of gestation (i	n weeks	i)	Post fer	tilization age of the fetus (in weeks) 11
How were the gestational		n age determined?					1	
ULTRASOUND								
Full name of physician per DR. CASANDRA CASH								
Address of physician perfo 8590 GEORGETOWN R	-	•	te, and zip	code)				
	,	, 1200						
**Date Reported to DC	CS, if Patient under 14	(month, day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and Addr	· · · · · ·	ed is a Class i	b misuen		town, of pregna	. ,	mination		County of	nregnanc	y termination
PPIN-GEORGETOWN OR (PPG	6i) - 8590 GEORGETOWN ROAL	D, INDIANAPOLIS, I	N, 46268	City of	INDIAN	•			County of		RION
Patient's age** M		Data of magan	an ary tampa	ination	Edwar	tion					
22	arried Yes No	Date of pregna	2/22/201		Educa	non			ollege, No	Degree	
Race American Indian or A Native Hawaiian or C		Asian White	☐ Black		an American		nknown ber now d	■ Not I	y anic or Latin Hispanic or I		Unknown
Live Births:	Č	0							0		
Other Terminations:	Number of spontaneou	0				Num	ber of indi	uced termi	nations 1		
Dates of terminations (<i>D</i> _{1.} 07/05/2017	Oo not include this termin	ation. If more th	an six (6)), those m	ost recent.) 4		5			6	
Fetus delivered alive?	If yes, length of tin	me fetus survive	ed:					Compli	cation(s) of I	Pregnancy	Termination
☐ Yes ■ No							■ N	None		Uterin	e Perforation
Fetus viable?	If viable, medical	reason for termi	nation:				☐ F	Hemorrhag	ge 🗆	Cervic	al Laceration
Yes No	ii viaole, incalcar	reason for term	inution.				☐ I	nfection		Retain	ed Products
								Other (Spec	cify)		
Pathological examination	n If yes, results:										
performed? Yes No							Did this			ancy resul	in a maternal death?
			Type	of Termi	nation Procedu	es					
Procedure that Terminat	ed Pregnancy		7,5		Additional Pr		e that Ter	minated P	regnancv		
☐ Medical (Nonsurgio	•							lifepriston			
Medical (Nonsurgio	cal) Misoprostol				☐ Medical	(Nonsi	urgical) M	disoprosto other (Spec	1		
iviedicai (ivolisuigic	cai) Other (specify)				Wiedicai	(INOIISI	urgicar) O	шеі (зрес	<i>(1)</i>		
- M. I. 1 (C 1)						/G :	1) G .:	- C "			
	Menstrual Aspiration				☐ Medical	(Surgi	cal) Mens	on Curetta strual Aspi	ration		
Medical (Surgical)	Other (Specify)				Medical	(Surgio	cal) Other	(Specify)			
For Madical (Syraical)	and and and an arriver the fel	llovina avastia			For Medical (Cumaia	ol) muo ood		van tha fallar		 tion
	procedures, answer the fol									• •	
Yes Yable of	r have a post fertilization No	age at least 20 V	weeks?		Was the fett		No	a post ter	unzauon age	e at least 2	O Weeks?
If the previous question	was answered yes, compl	lete the followin	g question	ns.	If the previou	s quest	tion was a	nswered y	es, complete	the follow	wing questions.
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	rive?			Was the fett		n the best No	opportuni	ty to survive	?	
	determination that the produce to avert death or seri										an had a condition ent to the pregnant
woman?	dure to avert death of sen	ious impairmen	to the pro	egnant	woman?	a tile p	rocedure o	o avert dea	ani oi seriou	s impairii	ent to the pregnant
Date last normal menses	s hegan		Physicia	n estimat	e of gestation (i	n wool		Post fo	rtilization a	ge of the f	etus (in weeks)
	10/20/2017			osumat	8	week	<i>)</i>	1 031 10	- mrzanon a	6 6	eras (an meens)
How were the gestational ULTRASOUND	al age and post fertilizatio	n age determine	ed?								
Full name of physician p	HMAN										
Address of physician per 8590 GEORGETOWN	rforming termination (num ROAD, INDIANAPOLI		city, state	e, and zip	code)						
		·									
**Date Reported to D	OCS, if Patient under 14	4 (month, day, y	vear):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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	acility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 atient's age** Married Date of pregnancy te					S, IN, 46268	INDIANAPOLIS					County of		cy termina ARION	ntion	
	1															
Patient's age** 44	Mar	ried Y	es	■ No	Date of preg	nancy term 12/22/20		E	duca	tion	ŀ		ol Diplom	a or GEI	D	
Race American Indian Native Hawaiian	or Otl	her Pac	ific I		Asian White	☐ Blac		can Americ	an		nknown	☐ Not l	y anic or Latin Hispanic or		■ U	nknown
Live Births:		Numbe	er no	w living	2					Num	ber now o	leceased	0			
Other Termination	ъ.				ous terminations 0	s				Num	ber of inc	luced termi	nations 1			
Dates of termination 1. 1999	is (Do	not inc		this termi		than six (6), those m	ost recent.)			5			6		
Fetus delivered alive	?	If	yes, 1	ength of	ime fetus survi	ved:						Compli	cation(s) of	Pregnanc	y Termina	ation
☐ Yes ■	No										•	None		Uterin	ne Perfora	tion
Fetus viable?		If.	viabl	a madica	l reason for terr	nination:						Hemorrhag	e [Cervi	cal Lacera	tion
Yes Yes	No	11	viaui	e, medica	reason for terr	iiiiauoii.						Infection		Retain	ned Produ	cts
												Other (Spec	cify)			
Pathological examin performed?	ation	If	yes, r	results:												
☐ Yes ■	No										Did thi			ancy resul	lt in a mat	ernal death?
						Туре	of Termi	Permination Procedures								
Procedure that Term	Procedure that Terminated Pregnancy								al Pı	ocedur	e that Te	rminated P	regnancy			
☐ Medical (Nonsurgical) Mifepristone												Mifepriston				
	Medical (Nonsurgical) Misoprostol											Misoprosto Other (<i>Spec</i>				
Medical (Surgio												ion Curetta				
☐ Medical (Surgion Med												strual Aspi er (<i>Specify)</i>	ration			
For Medical (Surgic	al) pro	ocedure	s, ans	swer the f	ollowing questi	on.		For Medical (Surgical) procedures, answer the following question.								
Was the fetus viab Yes [le or h		ost fe	ertilizatio	n age at least 20) weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?								?
If the previous quest	ion wa	as answ	ered	yes, com	plete the follow	ing questio	ons.	If the pre	viou	ıs quest	tion was a	nswered y	es, complete	e the follo	wing que	stions.
Was the fetus give ☐ Yes [ortui	nity to sur	vive?					us give Yes [t opportuni	ty to survive	e?		
What was the basis													hat the preg ath or seriou			
woman?	occuu	ire to u	vert a	or se	rrous impunine	nt to the pr	ognani	woman	•	a the p	roccaure	to avert de	an or seriou	is impuiri	none to the	pregnant
Date last normal me	nece 1-	Agen				Dhyaia	n actimet	te of gestati	or /	in 100°1	-6)	Dogt f	rtilization a	go of the	fatus (in:	waaks)
Date last normal me		0/26/2	017			Filysicia	an estimat	8 8	OII (<i>t</i>	п шеек	.3)	rost it	runzauon a	6	ietus (in v	veeks)
How were the gestational age and post fertilization age determined? ULTRASOUND																
DETRACOUND																
Full name of physici	_		g terr	mination												
Address of physician	n perfo	orming				et, city, stat	te, and zip	code)								
8590 GEORGETO	WN R	OAD,	INDI	ANAPO	LIS, IN 46268											
**Date Reported t	to DC	S, if P	atien	nt under	14 (month, day,	, year):							_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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	cility Name and Address GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City or town, of pregnancy termination INDIANAPOLIS MARION										
Facility Name and Ad PPIN-GEORGETOWN OR (P	idress PGI) -	8590 GEORGETOWN ROAD), INDIANAPOLIS, IN,	, 46268	ity or t		•			County of pregnancy termination MARION	
Patient's age** 27	Marı	ied □ Yes ■ No	Date of pregnand	cy termina /22/2017		Educa	ition	н	igh Scho	ool Diploma or GED	
Race American Indian o	or Oth		Asian White	■ Black o □ Other	or Afric	an American		ıknown ber now d	■ Not I	y anic or Latino Hispanic or Latino	
Live Births:			3						uced termi	0	
Other Terminations:	•	Number of spontaneou	0				Numi	ber of ind	ucea termi	0	
Dates of terminations	(Do	not include this termino	ation. If more than	n six (6), tl	hose m	ost recent.)		5		6	
Fetus delivered alive?	,	If yes, length of tir		:		4			Complie	cation(s) of Pregnancy Termination	
☐ Yes ■ N	О							■ N	None	☐ Uterine Perforation	
									Hemorrhag	te Cervical Laceration	
Fetus viable? ☐ Yes ■ N	ĺ0.	If viable, medical	reason for termina	ation:					nfection	☐ Retained Products	
									Other (Spec		
Pathological examinat	tion	If yes, results:							Julei (Spec	сцу)	
performed?		ii yes, results.									
☐ Yes ■ N	Ю							Did this		on of pregnancy result in a maternal death	
		·									
				Type of	Termi	nation Procedu	res				
Procedure that Termin	nated	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy	
Medical (Nonsur,	gical	Mifepristone				☐ Medical	(Nonsu	ırgical) M	//////////////////////////////////////	ne	
Medical (Nonsur Medical (Nonsur	gical	Misoprostol				☐ Medical	(Nonst	ırgical) M	Aisoprosto Other (Spec	1	
	greur,	Giller (Speedy)				Wiediedi	(1 tollse	ingicui) C	outer (spee	-977	
	1) 0						<u>(C : </u>	1) G -t'	- C #		
	al) M	enstrual Aspiration				☐ Medical	(Surgio	cal) Mens	on Curetta strual Aspi	ration	
☐ Medical (Surgica	ıl) O	her (Specify)				Medical	(Surgio	cal) Other	r (Specify)		
For Medical (Surgical	l) pro	cedures, answer the fol	lowing question.			For Medical	(Surgic	al) proced	lures, answ	ver the following question.	
Was the fetus viable ☐ Yes ☐	_	ave a post fertilization	age at least 20 we	eeks?			us viab Yes [a post fer	tilization age at least 20 weeks?	
If the previous question	on wa	s answered yes, compl	ete the following	questions.		If the previou	ıs quest	ion was a	nswered y	es, complete the following questions.	
Was the fetus given ☐ Yes ☐		est opportunity to surv	ive?				us give Yes [opportuni	ty to survive?	
What was the basis	for de	etermination that the pr	egnant woman ha	ad a condit	ion	What was t	he basis	s for deter	mination t	hat the pregnant woman had a condition	
		re to avert death or seri								ath or serious impairment to the pregnant	
Date last normal mens	ses be	egan	F	Physician e	estimate	e of gestation (in week	s)	Post fe	ertilization age of the fetus (in weeks)	
	1	0/18/2017		•		9				7	
How were the gestation	onal a	ge and post fertilizatio	n age determined'	.?							
<u> </u>											
Full name of physician DR. CASANDRA CA	ASHI	MAN									
Address of physician 8590 GEORGETOW	_	rming termination (nun DAD, INDIANAPOLI		city, state, o	and zip	code)					
**Date Reported to	DC:	S, if Patient under 14	1 (month, day, yec	ar):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and Add PPIN-GEORGETOWN OR (PR	dress PGI) -	8590 GEORGETOWN ROAD	IN, 46268	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION					
24	Marr	ied □ Yes ■ No	Date of pregn	ancy termi 12/27/201		Educa	tion	н		ol Diploma or Gl	ED			
Race American Indian or Native Hawaiian or			Asian White	☐ Black		an American	☐ Un	ıknown		nic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	per now d	eceased	0				
Other Terminations:		Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0				
Dates of terminations ((Do 1	not include this termino	ution. If more to	han six (6),	, those m	ost recent.)		5.		6.				
Fetus delivered alive?		If yes, length of tir		ed:					Complic	ation(s) of Pregnan	ncy Termination			
☐ Yes ■ No)							■ N	None	☐ Uter	rine Perforation			
								☐ F	Hemorrhago	e 🔲 Cerv	vical Laceration			
Fetus viable? ☐ Yes ■ No)	If viable, medical i	eason for term	ination:					nfection	☐ Reta	ined Products			
									Other (Spec	ify)				
Pathological examinati	ion	If yes, results:							outer (spec	957				
performed?								=						
☐ Yes ■ No	0							Did this			ult in a maternal death?			
				Type	of Termi	nation Procedu	res							
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
☐ Medical (Nonsurg	gical)	Mifepristone				☐ Medical	(Nonsu	rgical) M	lifepristone	e				
Medical (Nonsurg	gical)	Misoprostol					(Nonsu	rgical) M	Aisoprostol Other (Speci					
	51041)	Giller (Speedy)				Wiedican	(1 tonse	ingicui) c	ther (speed	997				
	D G	·					. .	1) 0	- C					
	l) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir					
Medical (Surgical	l) Ot	her (Specify)				☐ Medical (Surgical) Other (Specify)								
For Medical (Surgical)) pro	cedures, answer the fol	lowing question	on.		For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable ☐ Yes ☐		ave a post fertilization	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at leas	st 20 weeks?			
If the previous question	n wa	s answered yes, compl	ete the following	ng question	ıs.	If the previou	ıs quest	ion was a	nswered ye	es, complete the fol	lowing questions.			
Was the fetus given t ☐ Yes ☐		est opportunity to surv	ive?				us givei Yes [opportunit	y to survive?				
		termination that the pr									oman had a condition			
that required the proc woman?	cedu	re to avert death or seri	ous impairmen	it to the pre	egnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impai	rment to the pregnant			
Date last normal mense	es be	egan		Physician	n estimate	e of gestation (in week.	5)	Post fer	rtilization age of th	e fetus (in weeks)			
	09	9/20/2017		_		13		,		11	·			
How were the gestation	nal a	ge and post fertilization	n age determin	ed?										
OLINASOUND														
Full name of physician DR. CASANDRA CA														
Address of physician p			nber and street	t, city, state	e, and zip	code)								
8590 GEORGETOW	N R	DAD, INDIANAPOLI	S, IN 46268											
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Adprin-GEORGETOWN OR (F	ddres	S - 8590 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION				
									<u>;</u>					
Patient's age** 31	Mar	ried Yes No	Date of pregn	nancy termi 12/27/201		Educa	tion			elor's Degree				
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	1				Numb	er now d	eceased	0				
Other Terminations	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0				
Dates of terminations	s (Do	not include this termina	ition. If more t	han six (6)	, those me	ost recent.)								
1			3			4		5	- I'	6				
Fetus delivered alive: Yes N		If yes, length of tir	ne fetus surviv	red:					•	cation(s) of Pregnand				
1								• 1	None	☐ Uteri	ne Perforation			
Fetus viable?		If viable, medical i	eason for term	nination:				☐ I	Hemorrhag	e 🔲 Cervi	cal Laceration			
☐ Yes ■ N	Ю							□ I	nfection	☐ Retai	ned Products			
									Other (Spec	cify)				
Pathological examina	ation	If yes, results:												
performed? ☐ Yes ■ N	No							Didthi	a tamainati	on of macenan ov see	ult in a matamal death?			
	.10							Yes			alt in a maternal death?			
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Medical (Nonsur									//////////////////////////////////////					
Medical (Nonsur	rgica	l) Misoprostol					(Nonsu	rgical) N	/lisoprostol					
☐ Medical (Nonsur	rgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Spec	ify)				
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medica		uction Curettage Menstrual Aspiration							on Curetta					
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical									struai Aspii r (<i>Specif</i> y)	ration				
For Medical (Surgica	ıl) pro	ocedures, answer the fol	lowing questic			For Medical	(Surgica	al) proced	lures answ	ver the following aug	estion			
	_					For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
Was the fetus viable Yes		nave a post fertilization a	age at least 20	weeks?			us viabi Yes [a post tert	ilization age at least	20 weeks?			
If the previous question	on w	as answered yes, comple	ete the followin	ng question	ns.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.			
Was the fetus given	the i	best opportunity to survi	ive?			Was the fet	us giver	the best	opportunit	ty to survive?				
Yes Yes							Yes [оррогини	ly to survive.				
		letermination that the pro-									nan had a condition			
that required the pro woman?	ocedı	ire to avert death or seri	ous impairmer	nt to the pre	egnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant			
Date last normal men	icec L	negan .		Dhysiois	n estimat	a of gestation (in wool-	e)	Doct fo	rtilization ago of the	fetus (in waaks)			
Date last normal menses began Physician estimate of gestation (in weeks) 11/04/2017 Post fertilization age of the fetus (in weeks) 6														
=	onal	age and post fertilization	n age determin	ied?					•					
ULTRASOUND														
F.11 6														
Full name of physicia DR. CASANDRA CA														
Address of physician	perf	orming termination (num		t, city, state	e, and zip	code)								
8590 GEORGETOV	VN R	OAD, INDIANAPOLI	S, IN 46268											
**Date Reported to	o DC	CS, if Patient under 14	(month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR	acility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 4626					City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION					
Patient's age** 28	Ma	ried ☐ Yes ■ No	Date of pregn	ancy term 12/27/201		Educa	ation			ollege, No Degree					
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Blac		can American		known	■ Not I	nnic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	1				Numb	er now d	eceased	0					
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0					
Dates of termination	s (Do	not include this termina	ation. If more to	han six (6,), those m	ost recent.)									
1		2	3			4		5		6					
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					Complic	cation(s) of Pregnand	cy Termination				
	10								None	☐ Uteri	ne Perforation				
Fetus viable?		If viable, medical	rasson for tarm	ination:				□ I	Hemorrhag	e 🔲 Cervi	cal Laceration				
Yes I	No	ii viable, illedicar	reason for term	illiation.				□ I	nfection	☐ Retai	ned Products				
								П	Other (Spec	rify)					
Pathological examin	ation	If yes, results:							suici (spec	-957					
performed?	umon	if yes, results.													
☐ Yes ■	No							Did this		on of pregnancy resu	Ilt in a maternal death?				
										<u></u>					
				Type	of Termi	Termination Procedures									
Described of the		1 D		1 ypc	O. IVIIII				15						
Procedure that Term	ınate	1 Pregnancy				Additional P									
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol						
		l) Other (Specify)							Other (Spec						
Medical (Surgic	cal) S	uction Curettage				■ Medical	(Surgic	al) Sucti	on Curetta	ge					
Medical (Surgio	cal) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration					
☐ Medical (Surgio	cai) C	mer (<i>Specify</i>)				☐ Medical (Surgical) Other (Specify)									
For Medical (Surgic	al) pr	ocedures, answer the fol	llowing question	n.		For Medical (Surgical) procedures, answer the following question.									
	le or l	nave a post fertilization	age at least 20	weeks?				e or have No	a post fert	ilization age at least	20 weeks?				
If the previous quest	ion w	as answered yes, compl	ete the following	ng questio	ns.	If the previous	ıs questi	on was a	nswered ye	es, complete the follo	owing questions.				
Was the fetus give: ☐ Yes ☐		best opportunity to surv	ive?						opportunit	y to survive?					
							Yes L	_							
		letermination that the pa are to avert death or seri								hat the pregnant wor oth or serious impair.	nan had a condition ment to the pregnant				
woman?			·	•		woman?	•			•					
						1									
Date last normal me		•		Physicia	n estimat	e of gestation (in weeks	<i>s)</i>	Post fe	rtilization age of the	fetus (in weeks)				
However d		1/01/2017	m oo- 4 ' '	040		8				6					
How were the gestat ULTRASOUND	ıonal	age and post fertilization	n age determin	ea?											
Full name of physici DR. CASANDRA C	_	rforming termination													
	-	orming termination (num		t, city, stat	e, and zip	code)									
8590 GEORGETO	/VN F	OAD, INDIANAPOLI	S, IN 46268												
**Date Reported t	o DO	CS, if Patient under 14	4 (month, day,	year):						_					

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Facility Name and Ace PPIN-GEORGETOWN OR (F	ldress PPGI) - 8	8590 GEORGETOWN ROAD	, INDIANAPOLIS,	, IN, 46268	INDIANAPOLIS				County of pregnancy termination MARION		
		•									
30	Marri	ed □ Yes ■ No		nancy terminat 12/27/2017	tion	Educa			ool Diploma or GED		
Race American Indian of Native Hawaiian of	or Oth	er Pacific Islander	Asian White	☐ Black or ☐ Other	r Afric	an American	Unknown	■ Not I	y anic or Latino Hispanic or Latino		
Live Births:	1	Number now living	1				Number now d		0		
Other Terminations	: 1	Number of spontaneou	s terminations 0				Number of ind	uced termi	nations 1		
Dates of terminations 1. UNKNOWN	(Do n	ot include this termino	ution. If more t	than six (6), th	ose me	ost recent.)	5		6		
Fetus delivered alive?	?	If yes, length of tir	ne fetus surviv	/ed:				Complia	cation(s) of Pregnancy Termination		
☐ Yes ■ N	lo						• 1	None	☐ Uterine Perforation		
								Hemorrhag	te Cervical Laceration		
Fetus viable?		If viable, medical i	eason for term	nination:					<u> </u>		
☐ Yes ■ N	10							nfection	Retained Products		
								Other (Spec	cify)		
Pathological examina performed?	tion	If yes, results:									
Yes N	lо						Did this	s termination	on of pregnancy result in a maternal death?		
							☐ Ye				
Г											
				Type of	Termi	nation Procedur	res				
Procedure that Termin	nated l	Pregnancy				Additional Pr	rocedure that Ter	minated Pr	regnancy		
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone											
☐ Medical (Nonsur	gical)	Misoprostol				☐ Medical	(Nonsurgical) N	/lisoprostol	1		
Medical (Nonsur	gical)	Other (Specify)				☐ Medical	(Nonsurgical) (Other (Spec	ify)		
Medical (Surgical)	al) Su	ction Curettage				☐ Medical	(Surgical) Sucti	on Curetta	ge		
	al) Me	enstrual Aspiration					(Surgical) Mens (Surgical) Othe	strual Aspi	ration		
Wedicai (Surgica	ii) Ot	nei (specify)				Wiedicai	(Surgical) Othe	і (зресіју)			
For Medical (Surgical	l) proc	edures, answer the fol	lowing questic	on.		For Medical ((Surgical) proced	lures, answ	ver the following question.		
Was the fetus viable ☐ Yes ■		ve a post fertilization a	age at least 20	weeks?			us viable or have Yes 🔲 No	a post fert	tilization age at least 20 weeks?		
If the previous question	on was	s answered yes, comple	ete the followi	ng questions.		If the previou	is question was a	nswered ye	es, complete the following questions.		
Was the fetus given		est opportunity to survi	ive?				us given the best Yes \(\sime\) No	opportuni	ty to survive?		
	='	termination that the pr	agnant women	had a conditi	ion	_	_	mination t	hat the pregnant woman had a condition		
that required the pro		e to avert death or seri				that require			ath or serious impairment to the pregnant		
woman?						woman?					
L											
Date last normal men		-		Physician e	stimate	e of gestation (i	in weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the costotic		/01/2017	n aga datarmin	ned?		8			6		
ULTRASOUND	Iow were the gestational age and post fertilization age determined? LTRASOUND										
Full name of physicia DR. CASANDRA CA											
Address of physician	perfor	ming termination (num		t, city, state, a	ınd zip	code)					
8590 GEORGETOW	/N RC	DAD, INDIANAPOLI	S, IN 46268								
**D-4 D	DCC	C is D-4i	1/ 1								
made Reported to	טע נ	s, if Patient under 14	(month, day,	year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or town	n, of pregna	•			County of p		termination	
				IIADIAN	.AI UL				IVIA		
22	arried Yes No	Date of pregnancy terms		Educa	tion			ı, No Diplo	oma		
Race American Indian or A Native Hawaiian or C	ther Pacific Islander	☐ Asian ☐ Black ☐ White ☐ Other	k or African A	American		known	Not H	ic or Latino spanic or La		☐ Unknown	
Live Births:	Number now living	2			Numb	er now d	eceased	0			
Other Terminations:	Number of spontaneou	us terminations 0			Numb	er of indu	uced termin	ntions 0			
Dates of terminations (De		•									
1		3	4		1	5	Complies			Termination	
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:				_ ,	•	uon(s) or 11	•		
						■ N		Ц	Uterine	Perforation	
Fetus viable?	If viable, medical	reason for termination:				☐ F	Hemorrhage		Cervica	al Laceration	
☐ Yes ■ No						☐ I	nfection		Retaine	ed Products	
							Other (Speci	Sy)			
Pathological examination	If yes, results:										
performed? Yes • No						Did this		of pregnan	cy result	in a maternal death?	
						1es	<u> </u>				
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifenristone											
	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol										
Medical (Nonsurgical				Medical	(Nonsu	rgical) O	ther (Specif	y)			
Medical (Surgical)			<u>-</u>				on Curettag				
☐ Medical (Surgical)☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)						strual Aspira (Specify)	tion			
-											
For Medical (Surgical) p	rocedures, answer the fo	llowing auestion.		or Medical (Surgica	1) proced	ures, answe	r the followi	ing guest	ion.	
	have a post fertilization	• .				_		ization age			
Yes N		age at least 20 weeks?			res [a post term	ization age a	at icast 2	o weeks:	
If the previous question v	was answered yes, compl	lete the following question	ns. If	the previou	s questi	on was a	nswered yes	, complete t	he follov	ving questions.	
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv lo	rive?	,		ıs given Yes □		opportunity	to survive?			
		regnant woman had a con-								nn had a condition	
woman?	lure to avert death or ser	ious impairment to the pro	_	that required woman?	d the pro	ocedure t	o avert deat	or serious	ımpaırm	ent to the pregnant	
Date last normal menses	began	Physicia	n estimate of	gestation (i	n weeks	·)	Post fert	ilization age	of the fe	etus (in weeks)	
	10/20/2017			9					7		
How were the gestational ULTRASOUND	ow were the gestational age and post fertilization age determined? TRASOUND										
Full name of physician p	-										
Address of physician per		mber and street, city, state	e, and zip cod	le)							
8590 GEORGETOWN	-		-								
**Date Reported to De	CS if Patient under 1	1 (month day year)									
Date Reported to D	Co, ii i autiii uiiuti 14	т (топт, аау, year)									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address Prin-George Town or (PPG	TESS GI) - 8590 GEORGETOWN ROA	AD, INDIANAPOLIS, IN, 462	City or	town, of pregna	ncy terminatio	n	County of pregnancy termination MARION					
<u> </u>							<u> </u>					
Patient's age** 29	Iarried ☐ Yes ■ No	Date of pregnancy	termination 2/2017	Educa	tion		ollege, No Degree					
Race American Indian or Native Hawaiian or		= =	Black or Afri	can American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown				
Live Births:	Number now living	2			Number now	deceased	0					
Other Terminations:	Number of spontaneo	us terminations 0			Number of in	duced termi	nations 1					
Dates of terminations (L	Do not include this termin	,	ix (6), those n	nost recent.)								
Fetus delivered alive?	1	ime fetus survived:		4	5.	Compli	cation(s) of Pregnanc	y Termination				
Yes No	if yes, length of t	ine retus survived.				None	_	e Perforation				
						Hemorrhag	_	cal Laceration				
Fetus viable?	If viable, medical	reason for termination	on:				_					
☐ Yes ■ No						Infection	_	ned Products				
D-41-1i1i4i-	If					Other (Spec	cify)					
Pathological examination performed?	on If yes, results:											
☐ Yes ■ No					Did th			It in a maternal death?				
							<u> </u>					
		-	Гуре of Term	ination Procedur	res							
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsurgi					(Nonsurgical)		•					
☐ Medical (Nonsurgi	cal) Misoprostol				(Nonsurgical)	Misoprosto	1					
Medical (Nonsurgi	cal) Other (Specify)			Medical	(Nonsurgical)	Other (Spec	rty)					
Medical (Surgical)Medical (Surgical)	Suction Curettage Menstrual Aspiration				(Surgical) Suc (Surgical) Me							
☐ Medical (Surgical)	Other (Specify)			Medical (Surgical) Other (Specify)								
For Medical (Surgical)	procedures, answer the fo	ollowing question.		For Medical (Surgical) proc	edures, answ	ver the following que	stion.				
	r have a post fertilization	age at least 20 weeks	s?			ve a post fer	tilization age at least	20 weeks?				
☐ Yes ■		1 . 1 . 6 . 11 . 1			Yes No	,	1 6.11					
	was answered yes, comp		estions.	_	•	·	es, complete the follo	wing questions.				
Was the fetus given th	e best opportunity to sur No	vive?			us given the be Yes \text{No}	st opportuni	ty to survive?					
What was the basis for	r determination that the p	oregnant woman had a	condition	What was th	ne basis for det	ermination t	hat the pregnant won	nan had a condition				
that required the proce woman?	edure to avert death or se	rious impairment to th	ne pregnant	that required woman?	d the procedure	to avert dea	ath or serious impairs	nent to the pregnant				
Date last normal menses	s began	Phy	sician estima	te of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)				
	10/13/2017			8								
How were the gestation: ULTRASOUND	al age and post fertilizati	on age determined?										
Full name of physician p												
1 7 1	erforming termination (nu		state, and zip	p code)								
8590 GEORGETOWN	ROAD, INDIANAPOL	.IS, IN 46268										
**Date Reported to I	OCS, if Patient under 1	4 (month, day, year)					_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PPIN-GEORGETOWN OR (PP	lress 'GI) - 859	00 GEORGETOWN ROAD	, INDIANAPOLIS,	IN, 46268	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION				
<u> </u>														
22	Married	Yes No	Date of pregn	nancy terminancy 12/22/201		Educa	tion			llege, No Degree	•			
Race American Indian or Native Hawaiian or			Asian White	■ Black		an American	☐ Un	known		nic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Nu	imber now living	0				Numb	er now d	eceased	0				
Other Terminations:	Nu	imber of spontaneou	s terminations				Numb	er of ind	uced termir	nations				
Dates of terminations (2	Do not		•	than six (6),	, those mo	ost recent.)	l			<u>·</u>				
Fetus delivered alive?	2.	If yes, length of tin	3	ad:		4		5	Complic	ation(s) of Pregnan	cy Termination			
Yes No	,	ir yes, lengtir or tin	ne retus surviv	cu.				■ N	None	_	ine Perforation			
									Hemorrhage	_	ical Laceration			
Fetus viable?		If viable, medical r	reason for term	nination:					C	_				
☐ Yes ■ No)								nfection	_	ined Products			
Dedical and an arise of		TC1t							Other (Spec	ify)				
Pathological examination performed?	on	If yes, results:												
☐ Yes ■ No)							Did this ☐ Yes			ult in a maternal death?			
									, , ,	•				
				Type	of Termin	nation Procedu	res							
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Medical (Nonsurg	ical) N	Misoprostol				☐ Medical	(Nonsu	rgical) M	Aifepristone Aisoprostol					
☐ Medical (Nonsurg	ical) (Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)				
Medical (Surgical)Medical (Surgical)									on Curettag strual Aspir					
Medical (Surgical)									r (Specify)	ation				
For Medical (Surgical)	proced	lures, answer the fol	lowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	estion.			
Was the fetus viable of	or have	a post fertilization a	age at least 20	weeks?		Was the fet	us viabl	e or have	a post ferti	ilization age at leas	t 20 weeks?			
☐ Yes ■	No	•					Yes [No	-	-				
If the previous question	ı was a	nswered yes, comple	ete the following	ng question	ıs.	If the previou	ıs questi	ion was a	nswered ye	es, complete the following	owing questions.			
Was the fetus given the ☐ Yes ☐		opportunity to survi	ive?				us giver Yes [opportunit	y to survive?				
What was the basis for	or detei	mination that the pro	egnant woman	had a cond	lition	What was t	he basis	for deter	mination th	nat the pregnant wo	man had a condition			
that required the proc woman?											ment to the pregnant			
woman.						woman.								
Date last normal mense	e hega	n		Physician	n estimate	e of gestation (in wook	e)	Post fee	rtilization age of the	e fetus (in weeks)			
Date last normal mellse	_	22/2017		1 mysiciai		13	weeks	·/	1 051 161	runzation age of the	· · · · · · · · · · · · · · · · · · ·			
How were the gestation	nal age	and post fertilization	n age determin	ned?										
ULTRASOUND														
Full name of physician	perfor	ming termination									1			
DR. CASANDRA CAS	SHMA	N.												
Address of physician po				t, city, state	e, and zip	code)								
220 2201021041		, D												
**Date Reported to l	DCS,	if Patient under 14	(month, day,	year):						-				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and Addre PPIN-GEORGETOWN OR (PPG	ess I) - 8590 GEORGETOWN ROAL	D, INDIANAPOLIS, IN, 46268	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION				
23	arried Yes No	Date of pregnancy term 12/22/20		Educat			ol Diploma or GEI)			
Race American Indian or A Native Hawaiian or C		☐ Asian ■ Bla ☐ White ☐ Oth	ck or African ner	American	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	1			Number now d	eceased	0				
Other Terminations:	Number of spontaneou	is terminations			Number of ind	uced termin	nations 0				
Dates of terminations (D	I Oo not include this termin	ation. If more than six (6), those most	recent.)			<u> </u>				
1		3	4		5		6				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of tin	me fetus survived:				Complic	cation(s) of Pregnanc	y Termination			
					1	None	☐ Uterin	e Perforation			
Fetus viable?	If viable, medical	reason for termination:			D	Hemorrhag	e 🗌 Cervio	cal Laceration			
☐ Yes ■ No					I	nfection	☐ Retain	ed Products			
						Other (Spec	cify)				
Pathological examination	n If yes, results:										
performed?											
☐ Yes ■ No					Did this			t in a maternal death?			
	·										
		Tyr	e of Terminat	ion Procedur	es						
Procedure that Terminate	ad Pragnancy	71			ocedure that Ter	minated Dr	eagnancy.				
☐ Medical (Nonsurgic☐ Medical (Nonsurgic					(Nonsurgical) N (Nonsurgical) N						
Medical (Nonsurgic			[Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)	Suction Curettage		<u>_</u>		(Surgical) Sucti						
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)		-		(Surgical) Mens (Surgical) Othe		ration				
	carer (speegy)		•	incolon (surgicus) sund (specify)							
			_					_			
For Medical (Surgical) p	procedures, answer the fol	llowing question.	F	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks?			ıs viable or have ∕es □ No	a post fert	ilization age at least	20 weeks?			
		la de CHIII de CHIII de		_		1	1 4 1 6 11				
If the previous question	was answered yes, compl	lete the following questi	ions.	the previou	s question was a	nswered ye	es, complete the follo	wing questions.			
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	rive?			us given the best Yes \text{No}	opportunit	y to survive?				
	determination that the pr	rognant woman had a oc	andition	_	_	mination tl	hat the pregnant wom	on had a condition			
that required the proceed	dure to avert death or seri			that required			th or serious impairn				
woman?				woman?							
Date last normal menses	•	Physic	ian estimate o		n weeks)	Post fe	rtilization age of the	fetus (in weeks)			
How were the gestationa	10/05/2017	n age determined?		12			10				
ULTRASOUND	ii age and post fertilizatio	m age determined.									
Full name of physician p											
Address of physician per		mber and street, city, st	ate, and zip co	de)							
8590 GEORGETOWN	ROAD, INDIANAPOLI	IS, IN 46268									
**Date Reported to D	CS, if Patient under 14	4 (month, day, year): _					_				

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
38	Marri	ied □ Yes ■ No	Date of pregn	nancy termina 12/22/2017	ntion	Educa			ol Diploma or GED		
Race American Indian or Native Hawaiian or	r Oth	er Pacific Islander	Asian White	☐ Black of	or Afric	an American	Unknown	☐ Not H	unic or Latino Ispanic or Latino Unknown		
Live Births:	1	Number now living	0				Number now de	eceased	0		
Other Terminations:	I	Number of spontaneous	s terminations				Number of indu	iced termin	nations 0		
Dates of terminations ((Do n	not include this termina	tion. If more t	than six (6), th	hose me	ost recent.)	5		6		
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ved:				Complic	ation(s) of Pregnancy Termination		
☐ Yes ■ No)						■ N	Vone	☐ Uterine Perforation		
								Iemorrhage	e Cervical Laceration		
Fetus viable?		If viable, medical r	eason for term	nination:				Č			
Yes No)						L I	nfection	Retained Products		
								Other (Spec	ify)		
Pathological examinati performed?	ion	If yes, results:									
Yes No Did this termination of pregnancy result in a									on of pregnancy result in a maternal death?		
							☐ Yes				
_											
				Type of	Termi	nation Procedur	res				
Procedure that Termina	otod	Dragnanay		•		Additional Dr	ocedure that Terr	minated Dr	ognonov		
_											
☐ Medical (Nonsurg☐ Medical (Nonsurg						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol					
Medical (Nonsurg						Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) S 11	ction Curattaga				☐ Medical	(Surgical) Suction	on Curatta	TO A		
) Me	enstrual Aspiration					(Surgical) Mens	trual Aspir			
☐ Medical (Surgical) Ot	her (Specify)				☐ Medical	(Surgical) Other	(Specify)			
For Medical (Surgical)	proc	cedures, answer the following	lowing questic	on.		For Medical ((Surgical) proced	ures, answ	er the following question.		
Was the fetus viable	or ha	ve a post fertilization a	nge at least 20	weeks?		Was the fet	us viable or have	a nost fert	ilization age at least 20 weeks?		
Yes Yabic		ive a post fertilization a	ige at least 20	weeks:			Yes No	a post tert	inzation age at least 20 weeks:		
If the previous question	n wa	s answered yes, comple	ete the following	ng questions.		If the previou	s question was ar	nswered ye	es, complete the following questions.		
Was the fature sixten t	ba b	nat ammantumitry to assessi	******			Was the fet	us given the best		v to cumina?		
Yes		est opportunity to survi	ve:				Yes No	оррогиши	y to survive?		
What was the basis fo	or de	termination that the pro	egnant woman	had a conditi	ion	What was th	ne basis for deteri	mination th	nat the pregnant woman had a condition		
that required the proc		e to avert death or serie				that require			th or serious impairment to the pregnant		
woman?						woman?					
Date last normal mense	es be	gan		Physician e	estimate	e of gestation (i	n weeks)	Post fer	rtilization age of the fetus (in weeks)		
		0/23/2017				8			6		
How were the gestation	nal a	ge and post fertilization	n age determin	ied?							
ULTRASOUND											
Full name of physician DR. CASANDRA CA	_	-									
Address of physician p			nber and street	t, city, state, c	and zip	code)					
8590 GEORGETOWI		-			_						
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):					-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PPIN-GEORGETOWN OR (F	Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						ncy termination	County of pregnancy termination MARION		
Patient's age** 19	Mari	ried Yes I No		nancy termina 12/22/2017	tion	Educat			ool Diploma or GED	
Race American Indian of Native Hawaiian of	or Oth	ner Pacific Islander	Asian White	☐ Black or ☐ Other	r Afric	an American	Unknown	■ Not	y anic or Latino Hispanic or Latino	
Live Births:		Number now living	0				Number now o		0	
Other Terminations	s:	Number of spontaneou	s terminations 0				Number of inc	luced termi	inations 1	
Dates of terminations 1. 02/23/2016	s (Do	not include this termina	ution. If more t	than six (6), th	hose m	ost recent.)	5		6	
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	/ed:				Compli	cation(s) of Pregnancy Termination	
☐ Yes ■ N	Ю							None	☐ Uterine Perforation	
					Hemorrhage Cervical Lacera					
Fetus viable?		If viable, medical r	reason for term	nination:					_	
Yes N	NO				☐ Infection ☐ Retained Products					
								Other (Spe	cify)	
Pathological examina performed?	ation	If yes, results:								
Yes IN	No						Did thi	s terminati	on of pregnancy result in a maternal death?	
							☐ Ye			
				Type of	Termi	nation Procedur	res			
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure that Te	rminated D	regnancy	
		•				l <u></u>				
Medical (NonsurMedical (Nonsur							(Nonsurgical) I (Nonsurgical) I			
Medical (Nonsur					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical	2 (le	action Curettage				Medical	(Surgical) Suct	ion Curetts	nge -	
☐ Medical (Surgica	al) M	lenstrual Aspiration				☐ Medical	(Surgical) Men	strual Aspi	iration	
Medical (Surgica	al) O	ther (Specify)			Medical (Surgical) Other (Specify)					
For Medical (Surgica	l) pro	cedures, answer the fol	lowing question	on.		For Medical ((Surgical) proce	dures, ansv	ver the following question.	
		ave a post fertilization a	age at least 20	weeks?			us viable or have	e a post fer	tilization age at least 20 weeks?	
☐ Yes ☐	_	as answered yes, comple	ete the followi	ng questions		_	_	answered v	es, complete the following questions.	
		est opportunity to survi		ing questions.		-	us given the bes	·		
Yes Yes		opportunity to survi					Yes No	- opportuni	-y 3 44	
		etermination that the prore to avert death or serio							that the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?	oceau	re to avert death or sem	ous impairmei	nt to the pregn	iant	woman?	a tne procedure	to avert de	ath or serious impairment to the pregnant	
				I m				1 -		
Date last normal men		egan 0/28/2017		Physician e	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 5	
How were the gestation		nge and post fertilization	n age determin	ned?					-	
ULTRASOUND										
Full name of physicia										
	-	orming termination (num		t, city, state, a	and zip	code)				
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and Add	dress	90 GEORGETOWN ROAD	f pregnancy termination County of pregnancy termination					
	, 00		,	,	INDIA	NAPOLIS	MA	RION
Patient's age** 28	Marrie	d Yes • No		ancy termination	n Educa		igh School Diploma or GED)
Race American Indian or Native Hawaiian or			Asian White	Black or A	frican American	Unknown	Ethnicity ☐ Hispanic or Latino ■ Not Hispanic or Latino	Unknown
Live Births:	N	umber now living	1			Number now d	0	
Other Terminations:		umber of spontaneou	0			Number of ind	aced terminations	
Dates of terminations (t include this termind				5	6	
Fetus delivered alive? Yes No		If yes, length of tir			- "	1	Complication(s) of Pregnancy	
Fetus viable? Yes No	0	If viable, medical r	reason for term	ination:			· —	al Laceration ed Products
Pathological examinat	ion	If yes, results:					Other (Specify)	
performed?	0					Did this	s termination of pregnancy resul	t in a maternal death?
				Type of Ter	mination Procedu	ires		
Procedure that Termin	ated P	regnancy			Additional P	rocedure that Ter	minated Pregnancy	
Medical (Nonsurg Medical (Nonsurg Medical (Nonsurg	gical)	Misoprostol			☐ Medical	(Nonsurgical) M (Nonsurgical) M (Nonsurgical) C	Iisoprostol	
Medical (Surgical Medical (Surgical Medical (Surgical	l) Mei	strual Aspiration			☐ Medical	(Surgical) Sucti (Surgical) Mens (Surgical) Othe	trual Aspiration	
For Medical (Surgical)) proce	dures, answer the fol	lowing question	n.	For Medical	(Surgical) proced	ures, answer the following ques	tion.
Was the fetus viable ☐ Yes ■		e a post fertilization a	age at least 20	weeks?		tus viable or have Yes 🔲 No	a post fertilization age at least 2	20 weeks?
If the previous question	n was	answered yes, comple	ete the following	ng questions.	If the previous	us question was a	nswered yes, complete the follow	wing questions.
Was the fetus given t ☐ Yes ☐		t opportunity to survi	ive?			tus given the best Yes \(\Boxed{\subseteq}\) No	opportunity to survive?	
What was the basis f that required the prod woman?							mination that the pregnant wom o avert death or serious impairm	
Date last normal mens	-			Physician estir	nate of gestation (in weeks)	Post fertilization age of the f	Cetus (in weeks)
How were the gestation		10/2017 e and post fertilization	n age determin	ed?	10		8	
ULTRASOUND		1						
Full name of physician DR. CASANDRA CA	-	-						
Address of physician p	perform	ning termination (num		t, city, state, and	zip code)			
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION				
D.C. O. WA	I D : C	•	F:						
Patient's age** 24	Date of pregnancy term 12/22/20		Educat	tion			elor's Degree		
Race American Indian or Alaska Native Native Hawaiian or Other Pacific Islande	r 🔳 White 🔲 Othe	ek or African Am er	erican		known	■ Not H	nic or Latino Iispanic or Latino	Unknown	
Live Births: Number now livin	0			Numb	er now de	eceased	0		
Other Terminations: Number of sponta	neous terminations 0			Numb	er of indu	iced termin	nations 0		
Dates of terminations (Do not include this ten	rmination. If more than six (6		ent.)		5		6		
Fetus delivered alive? If yes, length	of time fetus survived:					Complic	ation(s) of Pregnanc	y Termination	
☐ Yes ■ No					■ N	lone	☐ Uterii	ne Perforation	
					Пн	lemorrhage	e ∏ Cervi	cal Laceration	
Fetus viable? If viable, med	ical reason for termination:					nfection	_	ned Products	
i es 📮 No					_			ned Products	
						ther (Spec	ify)		
Pathological examination performed?									
☐ Yes ■ No			Did this termination of pregnancy result in a maternal of						
					☐ Yes	■ No)		
	Tyne	e of Termination	armination Procedures						
Duocadona that Tamain to J. D.					thet T	ningt-1P			
Procedure that Terminated Pregnancy						ninated Pr	•		
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						lifepristone lisoprostol	e		
Medical (Nonsurgical) Other (Specify)						ther (Speci	ify)		
Medical (Surgical) Suction Curettage			Medical	(Surgica	al) Suction	on Curettag	ge		
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)	n				al) Mensi al) Other	trual Aspir	ration		
Incured (Surgical) Suite (Specify)			Treaten (ouigion) one (openy)						
								_	
For Medical (Surgical) procedures, answer th	e following question.	For M	Medical (Surgica	ıl) procedı	ures, answ	er the following que	stion.	
Was the fetus viable or have a post fertiliza ☐ Yes ■ No	tion age at least 20 weeks?	Wa		ıs viable ∕es □		a post ferti	ilization age at least	20 weeks?	
If the previous question was answered yes, co	omplete the following question	ons. If the	e previou	s questi	on was ar	iswered ye	es, complete the follo	owing questions.	
Was the fetus given the best opportunity to ☐ Yes ☐ No	survive?	Wa		ıs given ∕es □		opportunit	y to survive?		
What was the basis for determination that the							nat the pregnant won		
that required the procedure to avert death or woman?	r serious impairment to the pr	_	t required man?	d the pro	ocedure to	avert dea	th or serious impair	ment to the pregnant	
Date last normal menses began	Dhysicia	an estimate of ge	etation (i	n waaba	.)	Post for	tilization age of the	fetus (in wooks)	
10/26/2017	Filysicia		8	n weeks	''	1 051 161	6	icus (in weeks)	
How were the gestational age and post fertiliz	zation age determined?					1			
2									
Full name of physician performing termination	on								
DR. CASANDRA CASHMAN									
Address of physician performing termination		te, and zip code)							
8590 GEORGETOWN ROAD, INDIANAP	TULIO, IN 40208								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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	opon on time do required is	- Class B Illiodel							
Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, IND	IANAPOLIS, IN, 46268	City or		APOLIS		County of pregnancy termination MARION		
Patient's age** Ma	urried Date	te of pregnancy term		Educa		igh Scho	ool Diploma or GED		
Race American Indian or A Native Hawaiian or C Live Births:		Vhite Othe		an American	Unknown Number now d	■ Not l	anic or Latino Hispanic or Latino		
	Number of spontaneous ter	minations			Number of ind	uced termi	nations		
Other Terminations:	o not include this termination	1) those m	ost recent)			0		
1. 2012	2	•			5		6		
Fetus delivered alive?	If yes, length of time fe	etus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■ No					■ 1	None	☐ Uterine Perforation		
Fetus viable?	If viable, medical reason	on for tormination.			D	Hemorrhag	e Cervical Laceration		
Yes No	ii viable, medicai reasc	on for termination:				nfection	☐ Retained Products		
						Other (Spe	cify)		
Pathological examination	If yes, results:						•••		
performed?					Didthi	tompinoti	on of pregnancy result in a maternal death?		
l les l 140							1 0 1		
		Туре	of Termi	nation Procedur	res				
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure that Ter	minated P	regnancy		
☐ Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical					(Nonsurgical) M				
Medical (Nonsurgical	al) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical)				☐ Medical	(Surgical) Sucti	on Curetta	ge		
☐ Medical (Surgical) ☐ Medical (Surgical) ☐	Menstrual Aspiration Other (Specify)				(Surgical) Mens (Surgical) Other				
	(I)) /					1 327			
For Medical (Surgical) p	rocedures, answer the followi	ng question		For Medical ((Surgical) proced	lures answ	ver the following question.		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	have a post fertilization age a	C 1					tilization age at least 20 weeks?		
☐ Yes ■ N	0				Yes No	•	Ü		
If the previous question v	vas answered yes, complete the	he following questio	ns.	If the previou	s question was a	nswered y	es, complete the following questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?				us given the best Yes \(\square\) No	opportuni	ty to survive?		
	determination that the pregna						hat the pregnant woman had a condition		
that required the proceed woman?	lure to avert death or serious	impairment to the pr	egnant	that required woman?	d the procedure t	o avert de	ath or serious impairment to the pregnant		
Date last normal menses	began	Physicia	ın estimat	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
	09/26/2017	1 12		12			10		
ULTRASOUND	age and post fertilization age	e determined?							
Full name of physician po	HMAN								
	forming termination (number ROAD, INDIANAPOLIS, II		e, and zip	code)					
**Date Reported to De	CS, if Patient under 14 (ma	onth, day, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR		S - 8590 GEORGETOWN ROAL	City or town, of pregnancy termination INDIANAPOLIS					County of p		cy ter			
Patient's age** 32	Mai	ried Yes No	Date of pregr	nancy termi 12/22/201		Educa	tion			elor's Degr	ее		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Unknow	vn		/ anic or Latino Hispanic or La		[☐ Unknown
Live Births:		Number now living	1				Number no	ow de	ceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations				Number of	indu	ced termi	nations			
Dates of termination	ns (Do	not include this termina	ation. If more i			ost recent.)		5		· · ·	6.		
Fetus delivered alive	e?	If yes, length of tin						J	Complic	cation(s) of Pr	egnanc	y Ter	mination
☐ Yes ■	No						[■ N	one		Uterii	ne Per	rforation
					☐ Hemorrhage ☐ Cervical Laceration							aceration	
Fetus viable? Yes	No	If viable, medical	reason for tern	nination:				☐ In	fection	П	Retair	ned P	roducts
		☐ Infection ☐ Retained Products ☐ Other (Specify)											
Pathological examin				_ 0	uici (spec	.ijy)							
performed?		If yes, results:											
☐ Yes ■	No				Did	this Yes	terminatio		cy resu	ılt in a	maternal death?		
				Туре	of Termi	nation Procedu	res						
Procedure that Term	ninated	l Pregnancy				Additional Pr		Tern	ninated Pr	egnancy			
☐ Medical (Nonsu		•					(Nonsurgica						
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsurgica	l) M	isoprostol	l			
Medical (Nonst	urgica	l) Other (Specify)				Medical (Nonsurgical) Other (Specify)							
		uction Curettage Menstrual Aspiration					(Surgical) S (Surgical) M						
Medical (Surgio							(Surgical)						
For Medical (Surgic	al) pr	ocedures, answer the fol	lowing question	on.		For Medical	(Surgical) pro	ocedu	ires, answ	er the followi	ng que	stion.	
Was the fetus viab		nave a post fertilization	age at least 20	weeks?			us viable or l Yes		a post fert	tilization age a	at least	20 w	eeks?
		as answered yes, compl	ete the followi	ng questior	ns.	If the previou	_		swered ye	es, complete t	he follo	owing	questions.
Was the fetus give	n the	best opportunity to surv				Was the fet	us given the	best o	-	ty to survive?		Č	•
	_ No						Yes 🗌 No						
		letermination that the praire to avert death or seri											ad a condition to the pregnant
woman?			•			woman?	•				•		1 0
Date last normal me		-		Physician	n estimat	e of gestation (i	in weeks)		Post fe	rtilization age		fetus	(in weeks)
How were the gestat		age and post fertilizatio	n age determir	ned?		8					6		
ULTRASOUND													
	_											_	
Full name of physicion		rforming termination											
	-	orming termination (num		t, city, state	e, and zip	code)							
8590 GEORGETO	WN F	OAD, INDIANAPOLI	o, IN 46268								_		
**Date Reported t	to DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PPIN-GEORGETOWN OR (PP	Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						ncy termination	County of pregnancy termination MARION			
		·									
22	Marrie [ed I Yes No		ancy termination 12/22/2017	on	Educat	tion		ollege, No Degree		
Race American Indian or Native Hawaiian or	Othe	r Pacific Islander] Asian] White	Black or a	Africa	nn American	Unknown	■ Not	y anic or Latino Hispanic or Latino		
Live Births:	N	fumber now living	0				Number now	deceased	0		
Other Terminations:	N	lumber of spontaneous	terminations				Number of inc	duced termi	inations 0		
Dates of terminations (Do no	ot include this terminat	ion. If more th	han six (6), tho	se mo	ost recent.)					
1		2	3		4	1	5	C 1'	6		
Fetus delivered alive? Yes No	,	If yes, length of time	e fetus survivo	ed:				_	cation(s) of Pregnancy Termination		
								None	Uterine Perforation		
Fetus viable?		If viable, medical re	ason for term	ination:			─ □	Hemorrhag	e Cervical Laceration		
☐ Yes ■ No	,							Infection	☐ Retained Products		
								Other (Spe	cify)		
Pathological examination	on	If yes, results:									
performed? Did this termination of pregnancy result									6 11 40		
l les l No	,								on of pregnancy result in a maternal death?		
Type of Termination Procedures											
Procedure that Termina	ated F	Pregnancy		•		Additional Pr	ocedure that Te	rminated P	regnancy		
		•				_					
☐ Medical (Nonsurg							(Nonsurgical) (Nonsurgical)				
Medical (Nonsurg	ical)	Other (Specify)			Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)						Medical	(Surgical) Suc	tion Curetta	nge		
☐ Medical (Surgical) ☐ Medical (Surgical)							(Surgical) Mer (Surgical) Othe				
	,	(1 33)				_		1 337			
For Medical (Surgical)	proce	edures, answer the follo	wing question	n.		For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable o	or hay	ve a post fertilization ag	re at least 20 y	weeks?		Was the feti	ıs viable or hav	e a nost fer	tilization age at least 20 weeks?		
☐ Yes ■	No					□ 7	Yes No	•	•		
If the previous question	ı was	answered yes, complet	e the followir	ng questions.		If the previou	s question was	answered y	es, complete the following questions.		
Was the fetus given the Yes ☐		st opportunity to surviv	e?				us given the bes Yes \(\sime\) No	t opportuni	ty to survive?		
		ermination that the preg							hat the pregnant woman had a condition		
that required the proc woman?	edure	to avert death or serio	us impairmen	t to the pregna	nt	that required woman?	d the procedure	to avert de	ath or serious impairment to the pregnant		
						Jiiuii i					
Delle				DI ::							
Date last normal mense	_	gan /05/2017		Physician est	tımate	of gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks) 9		
How were the gestation			age determin	ed?							
ULTRASOUND											
Full name of physician DR. CASANDRA CAS											
Address of physician po		-		, city, state, an	ıd zip	code)					
**Date Reported to l	DCS	, if Patient under 14	(month, day, y	year):					_		

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		or on time as requir			<u>'</u>		• • •				
Facility Name and Add PPIN-GEORGETOWN OR (PP	dress PGI) - 8	8590 GEORGETOWN ROAD), INDIANAPOLIS, II	N, 46268	City or	town, of pregn	•			County of pregnancy termination MARION	
Patient's age** 20	Marri	ed □ Yes ■ No	Date of pregna	ncy termi 2/22/201		Educ	ation		Some Co	ollege, No Degree	
Race American Indian of Native Hawaiian of	r Oth		Asian White	Black		an American		Jnknown nber now d	■ Not 1	nnic or Latino Hispanic or Latino	own
Live Births:		Number of spontaneou	0					nber of ind		0 nations	
Other Terminations:		•	0	(6)	1		Ivuii	nioci oi indi	ucca terrin	0	
Dates of terminations ((Do n 	2	3	an six (0)), tnose m 	ost recent.) 4		5		6	
Fetus delivered alive? Yes No		If yes, length of tir	me fetus survive	d:				• 1	•	cation(s) of Pregnancy Termination Uterine Perforation	
Fetus viable?		If viable, medical i	rasson for tarmis	nation:				- D F	Hemorrhag	e Cervical Laceration	
Yes No	0	ii viable, medicai i	reason for termin	nation.				□ I	nfection	☐ Retained Products	
									Other (Spe	cify)	
Pathological examinati	ion	If yes, results:									
performed?	О							Did this ☐ Yes		on of pregnancy result in a materna	1 death?
				Туре	of Termi	nation Procedi	ıres				
Procedure that Termin	ated	Pregnancy		71.		Additional F		ire that Ter	minated P	regnancy	
☐ Medical (Nonsurg		•						surgical) M			
Medical (Nonsurg	gical)	Misoprostol				☐ Medica	l (Nons	surgical) N surgical) C surgical) C	/lisoprosto		
in Medical (Nollsurg	gicai)	Other (Specify)				Wiedica	I (INOII:	surgical) C	ottier (<i>spec</i>	yy)	
Medical (Surgical Medical (Surgical Medical (Surgical	l) Me	enstrual Aspiration				☐ Medica	l (Surg	rical) Sucti- rical) Mens rical) Other	strual Aspi	ge ration	
For Medical (Surgical)) proc	edures, answer the fol	lowing question	1.		For Medical	(Surgi	ical) proced	lures, answ	ver the following question.	
Was the fetus viable ☐ Yes ■		ve a post fertilization a	age at least 20 w	veeks?				ble or have	a post fer	ilization age at least 20 weeks?	
If the previous question	n was	s answered yes, comple	ete the following	g question	ns.	If the previo	us que:	stion was a	nswered y	es, complete the following question	ıs.
Was the fetus given t ☐ Yes ☐		est opportunity to surv	ive?					en the best No	opportuni	ty to survive?	
		termination that the pr e to avert death or seri								hat the pregnant woman had a cond th or serious impairment to the pre	
Date last normal mense		gan /11/2017		Physicia	n estimat	e of gestation	in wee	eks)	Post fe	rtilization age of the fetus (in week	s)
How were the gestation	nal a	ge and post fertilization	n age determine	d?							
Full name of physician DR. CASANDRA CA	SHN	IAN	whom I	ale:	7 •						
Address of physician p		-		city, state	e, and zip	code)					
**Date Reported to	DCS	, if Patient under 14	1 (month, day, ye	ear):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ac PPIN-GEORGETOWN OR (F	S - 8590 GEORGETOWN ROAD	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION						
Patient's age** 38	Mar	ried Yes No	Date of pregn	nancy termi 12/22/201		Educa	tion			Grade or Less			
Race American Indian o			Asian White	☐ Black ■ Other		an American	☐ Uni	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Terminations	:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations			
Dates of terminations	(Do	not include this termina	tion. If more t	than six (6),	, those me	ost recent.)							
Fetus delivered alive?)	If yes, length of tin	ne fetus surviv	red·		4		5	Complic	cation(s) of Pregnan	cy Termination		
Yes N		in yes, rengui or un	ne retus sur ere	cai					None	☐ Uter	ine Perforation		
									Hemorrhag	_	rical Laceration		
Fetus viable?		If viable, medical r	eason for term	nination:						_			
☐ Yes ■ N		☐ Infection ☐ Retained Products											
									Other (Spec	cify)			
Pathological examina performed?	tion	If yes, results:											
☐ Yes ■ N	Ю						Did this termination of pregnancy result in a maternal death?						
						☐ Yes	s 🔳 No	0					
Type of Termination Procedures													
Procedure that Termi	noto	Dragnanay		1,100		Additional P		that Tan	minatad D.	ragnangy			
		•											
☐ Medical (Nonsur ☐ Medical (Nonsur									Aifepriston Aisoprostol				
☐ Medical (Nonsur	gica	Other (Specify)				Medical (Nonsurgical) Other (Specify)							
Medical (Surgica									on Curetta				
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medica		fenstrual Aspiration other (Specify)							strual Aspii r (<i>Specify)</i>	ration			
For Medical (Surgica	l) pro	ocedures, answer the fol	lowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following qu	estion.		
		ave a post fertilization a	nge at least 20	weeks?			us viable Yes		a post fert	ilization age at leas	t 20 weeks?		
Yes If the previous question		as answered yes, comple	ete the followi	ng auestior	ns.		_	_	nswered ve	es, complete the fol	lowing questions.		
		pest opportunity to survi		8 1			•		•	ty to survive?			
☐ Yes ☐] No	•					Yes [J No					
		etermination that the proure to avert death or serious									man had a condition rment to the pregnant		
woman?	ccat	ne to avert death of seri-	ous impuniner	it to the pre	Shane	woman?	a the pro	occurre t	o avert dea	un or serious impur	ment to the pregnant		
						<u> </u>							
Date last normal men		egan 0/06/2017		Physician	n estimate	e of gestation (in weeks	:)	Post fe	rtilization age of th	e fetus (in weeks)		
How were the gestation		age and post fertilization	n age determin	l ned?						<u> </u>			
ULTRASOUND													
Full name of physicia DR. CASANDRA CA													
1 *		orming termination (num		t, city, state	e, and zip	code)							
OSSU GEORGETON	VIN K	OAD, INDIANAPOLI	J, IIN 40∠08										
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	SS - 8590 GEORGETOWN ROAD, INDIANAI	POLIS, IN, 46268 City	or town, of pregna	ncy termination	(County of pregnancy termination MARION		
Dationt's acakk	I Dec. 6	prognancy toni	, 17.1	tion				
38	rried Date of Yes No	pregnancy termination 12/27/2017	n Educa			Diploma or GED		
Race American Indian or A Native Hawaiian or O		=	frican American	Unknown		ic or Latino		
Live Births:	Number now living	1		Number now de	eceased	0		
Other Terminations:	Number of spontaneous termina			Number of indu	aced termina	tions		
Dates of terminations (De	o not include this termination. If n	nore than six (6), those	e most recent.)			0		
1	2 3		4	5		6		
Fetus delivered alive?	If yes, length of time fetus s	survived:			Complicat	ion(s) of Pregnancy Termination		
☐ Yes ■ No				■ N	Vone	☐ Uterine Perforation		
				— □ н	Iemorrhage	☐ Cervical Laceration		
Fetus viable? ☐ Yes ■ No	If viable, medical reason for	r termination:			nfection	Retained Products		
1c3 110						_		
					Other (Specif	ý) 		
Pathological examination performed?	If yes, results:							
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal de								
				☐ Yes	■ No			
		Type of Ter	mination Procedu	res				
Procedure that Terminate	d Pregnancy		Additional Pr	ocedure that Terr	minated Pres	gnancy		
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica				(Nonsurgical) M (Nonsurgical) M				
☐ Medical (Nonsurgical	al) Other (Specify)		Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) S	Suction Curettage		− −−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−	(Surgical) Suction	on Curettage	:		
☐ Medical (Surgical) 1	Menstrual Aspiration			(Surgical) Mens	trual Aspirat			
Medical (Surgical)	Other (Specify)		Medical (Surgical) Other (Specify)					
For Medical (Surgical) pr	rocedures, answer the following q	uestion.	For Medical	(Surgical) proced	ures, answer	the following question.		
Was the fetus viable or	have a post fertilization age at lea	st 20 weeks?	Was the fet	us viable or have	a post fertili	zation age at least 20 weeks?		
☐ Yes ■ N	1			Yes No	p			
If the previous question w	vas answered yes, complete the fo	llowing questions.	If the previou	s question was ar	nswered yes,	complete the following questions.		
Was the fatus given the	hast appointments to assertive?		Was the fat	us airean tha hast		to committee?		
Yes N	best opportunity to survive?			us given the best Yes No	opportunity	to survive?		
What was the basis for	determination that the pregnant w	oman had a condition	What was the	ne basis for deter	mination tha	t the pregnant woman had a condition		
that required the proced	ure to avert death or serious impa		that require			or serious impairment to the pregnant		
woman?			woman?					
Date last normal menses	•	Physician estir	nate of gestation (i	n weeks)	Post ferti	ilization age of the fetus (in weeks)		
	10/03/2017		12			10		
How were the gestational ULTRASOUND	age and post fertilization age det	ermined?						
CLINASCUND								
Du o · · ·	<u> </u>							
Full name of physician pe DR. CASANDRA CASH	=							
	forming termination (number and	street, city, state, and	zip code)					
	ROAD, INDIANAPOLIS, IN 46							
**Date Reported to DO	CS, if Patient under 14 (month,	day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD), INDIANAPOLIS, IN, 46268	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
Patient's age** Ma	nrried Yes No	Date of pregnancy ter 12/27/2		Educat	tion		ollege, No Degree			
Race American Indian or A Native Hawaiian or O		= =	ack or Africa	nn American	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	0			Number now	deceased	0			
Other Terminations:	Number of spontaneou	s terminations			Number of in	duced termin	nations 0			
Dates of terminations (De	l o not include this termina	ation. If more than six	(6), those mo	ost recent.)			<u> </u>			
1	1	3		1	5		6			
Fetus delivered alive? Yes No	If yes, length of tir	ne fetus survived:				Complic	cation(s) of Pregnanc	y Termination		
						None	☐ Uterin	e Perforation		
Fetus viable?	If viable, medical i	reason for termination:				Hemorrhag	e 🗌 Cervio	eal Laceration		
☐ Yes ■ No						Infection	☐ Retain	ed Products		
						Other (Spec	cify)			
Pathological examination	If yes, results:									
performed?	-									
☐ Yes ■ No								t in a maternal death?		
	·									
		Ty	pe of Termin	nation Procedur	es					
Procedure that Terminate	ad Pragnancy	·			ocedure that Te	rminated Pr	eagnancy.			
	•									
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical					(Nonsurgical) (Nonsurgical)					
Medical (Nonsurgical					(Nonsurgical)					
Medical (Surgical) 3	Suction Curettage			☐ Medical	(Surgical) Suc	tion Curetta	ge			
	Menstrual Aspiration			Medical	(Surgical) Mer	nstrual Aspin				
Medical (Surgical)	Other (Specify)			☐ Medical (Surgical) Other (Specify)						
								_		
For Medical (Surgical) pr	rocedures, answer the fol	lowing question.		For Medical (Surgical) proce	dures, answ	er the following ques	stion.		
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks?			ıs viable or hav ∕es □ No	e a post fert	ilization age at least	20 weeks?		
If the previous question v	was answered yes, compl	ete the following ques	tions.	If the previou	s question was	answered ye	es, complete the follo	wing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the best Yes \text{No}	t opportunit	y to survive?			
		. 1.1	1141	_	_			1 1 12		
	determination that the pr lure to avert death or seri						hat the pregnant wom th or serious impairm			
woman?				woman?						
Date last normal menses	•	Physic	cian estimate	of gestation (i	n weeks)	Post fe	rtilization age of the	fetus (in weeks)		
How were the gestational	10/02/2017	n age determined?		13			11			
ULTRASOUND	i ago ana post icitilizatio	n ago determined?								
Full name of physician po										
Address of physician per		nber and street, city, s	tate, and zip	code)						
8590 GEORGETOWN	ROAD, INDIANAPOLI	S, IN 46268								
**Date Reported to Do	CS, if Patient under 14	4 (month, day, year): _					-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and Addre	ess) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City on	r town, of pregnand	*	County of pregnancy termination MARION					
	arred	nancy termination	Education		popieto Dogres					
Race American Indian or A Native Hawaiian or O		12/27/2017 ☐ Black or Afri ☐ Other		Ethnic His	ity panic or Latino t Hispanic or Latino					
Live Births:	0			0 Number of induced terminations						
Other Terminations:	Number of spontaneous termination: 0			Number of induced terr	ninations 0					
Dates of terminations (Do	o not include this termination. If more 2. 3.	than six (6), those n	nost recent.)		4					
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survi	ved:	4	Comp	lication(s) of Pregnancy Termination Uterine Perforation					
Fetus viable? Yes No	If viable, medical reason for terr	mination:								
Pathological examination performed? Yes No	If yes, results:		Did this termination of pregnancy result in a maternal of Yes No							
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	al) Misoprostol		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) S Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		☐ Medical (S	Surgical) Suction Curet Surgical) Menstrual As Surgical) Other (Specif	piration					
For Medical (Surgical) pr	rocedures, answer the following questi	on.	For Medical (S	Surgical) procedures, and	swer the following question.					
	have a post fertilization age at least 20		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
	was answered yes, complete the follow	ing questions.		_	yes, complete the following questions.					
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			s given the best opportu	nity to survive?					
	determination that the pregnant woma lure to avert death or serious impairme				that the pregnant woman had a condition eath or serious impairment to the pregnant					
Date last normal menses	hegan	Physician estima	ate of gestation (in	weeks) Post	fertilization age of the fetus (in weeks)					
	10/12/2017		10	1 031	8					
How were the gestational ULTRASOUND	l age and post fertilization age determi	ned?								
Full name of physician performing termination DR. CASANDRA CASHMAN										
Address of physician perf	TIMAN forming termination (number and street ROAD, INDIANAPOLIS, IN 46268	et, city, state, and zi	ip code)							
	, 112111111 OLIO, IN 70200									
**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr	ess i) - 8590 GEORGETOWN ROAD, INDIANAPOLIS,	City or	town, of pregnancy	termination	County of pregnancy termination					
III-OLONGETOWN OR (PPG	, SOUR SECRET OWN ROAD, INDIANAPOLIS,	, 70200	INDIANAP	OLIS	MARION					
Patient's age** 16		nancy termination	Education		2th, No Diploma					
Race American Indian or A Native Hawaiian or C		☐ Black or Afric	_		ry panic or Latino Hispanic or Latino					
Live Births:	Number now living 0			Number now deceased 0						
Other Terminations:	Number of spontaneous terminations 0			Number of induced terminations 0						
,	o not include this termination. If more t		,	5	6					
Fetus delivered alive? Yes No	If yes, length of time fetus surviv		Complication(s) of Pregnancy Term None Uterine Perfe							
Fetus viable? Yes No	If viable, medical reason for term									
Pathological examination	n If yes, results:				-977					
performed? Yes No Did this termination of pregnancy result in a maternal death? Yes No No										
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
					•					
Medical (Nonsurgio	cal) Misoprostol		 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 							
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration		Medical (Sur	rgical) Suction Curett rgical) Menstrual Asp rgical) Other (Specify	iration					
For Medical (Surgical) p	procedures, answer the following question	on.	For Medical (Sur	gical) procedures, ansv	wer the following question.					
Was the fetus viable or ☐ Yes ■ N	r have a post fertilization age at least 20 No	weeks?		iable or have a post fer ☐ No	rtilization age at least 20 weeks?					
If the previous question	was answered yes, complete the followi	ng questions.	If the previous qu	estion was answered y	ves, complete the following questions.					
Was the fetus given the ☐ Yes ☐ N	e best opportunity to survive? No		Was the fetus gi	iven the best opportun No	ity to survive?					
	determination that the pregnant woman dure to avert death or serious impairmen		What was the bathat required the woman?	asis for determination e procedure to avert de	that the pregnant woman had a condition eath or serious impairment to the pregnant					
Date last normal menses	began	Physician estimat	te of gestation (in we	eeks) Post f	ertilization age of the fetus (in weeks)					
	10/19/2017	-	8	1 051 1	6					
How were the gestationa ULTRASOUND	al age and post fertilization age determin	ied?								
Full name of physician p	HMAN									
	rforming termination (number and stree ROAD, INDIANAPOLIS, IN 46268	t, city, state, and zip	o code)							
	·									
**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PPIN-GEORGETOWN OR (P	ldress PGI) - 8	8590 GEORGETOWN ROAD	, INDIANAPOLIS,	, IN, 46268	City or t		ncy termination		County of pregnancy termination MARION		
						ı					
22	Marri	ed □ Yes ■ No	Date of pregn	nancy termina 12/27/2017	ntion	Educat	tion		ollege, No Degree		
Race American Indian o Native Hawaiian o	r Oth	er Pacific Islander	Asian White	Black o	or Afric	an American	Unknown Number now	■ Not I	anic or Latino Hispanic or Latino Unknown		
Live Births:		Number now living	1			0					
Other Terminations:	: 1	Number of spontaneou	s terminations 0		Number of induced terminations 1						
Dates of terminations 1. 07/23/2016		ot include this termina	ution. If more t	than six (6), th	hose mo	ost recent.)	5		6		
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ved:			cation(s) of Pregnancy Termination				
Yes N	О				■ None ☐ Uterine Perfo						
							п	Hemorrhag	e		
Fetus viable? Yes No.	_	If viable, medical r	reason for term	nination:				Č			
Yes N	O							Infection	Retained Products		
								Other (Spec	cify)		
Pathological examination If yes, results: performed?											
Yes No Did this termination of pregnancy result in a mate											
☐ Yes ■ No											
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsur;	gical)	Mifepristone				☐ Medical	(Nonsurgical) N	Aife pri ston	e		
Medical (Nonsur	gical)	Misoprostol				☐ Medical	(Nonsurgical) N	//Iisoprostol			
Medical (Nonsur											
Medical (Surgica						Medical	(Surgical) Suct	on Curetta	ge		
Medical (Surgica Medical (Surgica		enstrual Aspiration her (Specify)					(Surgical) Men (Surgical) Othe		ration		
_											
For Medical (Surgical) proc	edures, answer the fol	lowing questic	on.		For Medical ((Surgical) proceed	lures, answ	er the following question.		
Was the fetus viable	or ha	ve a post fertilization a	age at least 20	weeks?		Was the fett	us viable or have	e a post fert	ilization age at least 20 weeks?		
☐ Yes ☐		F				_ Y	Yes No	•	•		
If the previous question	on was	s answered yes, comple	ete the followi	ng questions.		If the previou	is question was a	inswered ye	es, complete the following questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ive?				us given the best Yes \(\Boxed{\Boxes}\) No	opportunit	ty to survive?		
What was the basis t	for de	termination that the pro	egnant woman	n had a conditi	ion	What was th	he basis for deter	rmination t	hat the pregnant woman had a condition		
that required the pro		e to avert death or serie				that required			th or serious impairment to the pregnant		
woman?						woman?					
Date last normal mens		gan //27/2017		Physician e	estimate	e of gestation (i	in weeks)	Post fe	rtilization age of the fetus (in weeks) 6		
How were the gestation			n age determin	l ned?		O			U		
ULTRASOUND	•										
Full name of physician DR. CASANDRA CA											
Address of physician p 8590 GEORGETOW	perfor	ming termination (num		t, city, state, c	and zip	code)					
223 223 33021011											
**Date Reported to	**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address City or town, of pregnancy termination County of pregnancy termination											
Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANA	APOLIS, IN, 46268	City or to		IAPOLIS		County of pregnancy termination MARION				
Patient's age** 40	nrried Date of Yes No	Pregnancy termin 12/27/2017		Educat	tion	Some Co	ollege, No Degree				
Race American Indian or A Native Hawaiian or C			or Africa	n American	Unknown Number now	■ Not I	y anic or Latino Hispanic or Latino Unknown				
Live Births:	Number of spontaneous termin	2 ations		0 Number of induced terminations							
Other Terminations:	o not include this termination. If i	1	41		rumber of me	iucea terrin	0				
1. 2003	2 3		4.	si receni.) 	5		6				
Fetus delivered alive? Yes No	If yes, length of time fetus	survived:		Complication(s) of Pregnancy Termination None Uterine Perforation							
Fetus viable?	If viable, medical reason for	or termination:				Hemorrhag	e Cervical Laceration				
☐ Yes ■ No						Infection	☐ Retained Products				
						Other (Spec	cify)				
Pathological examination performed? If yes, results:											
Yes ■ No Did this termination of pregnancy result in a maternal dea Yes ■ No											
Type of Termination Procedures											
Procedure that Terminate	ed Pregnancy					rminated P	regnancy				
 Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic 	al) Mifepristone al) Misoprostol			Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical) Suct (Surgical) Men (Surgical) Othe	strual Aspi	ration				
For Medical (Surgical) p	rocedures, answer the following of	question.		For Medical (Surgical) proce	dures, answ	ver the following question.				
Was the fetus viable or Yes N	have a post fertilization age at leads	ast 20 weeks?			ıs viable or hav ∕es ☐ No	e a post fer	tilization age at least 20 weeks?				
If the previous question v	was answered yes, complete the fe	ollowing questions	s.	If the previous	s question was	answered y	es, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?				us given the bes Yes No	t opportuni	ty to survive?				
	determination that the pregnant was dure to avert death or serious impa						hat the pregnant woman had a condition ath or serious impairment to the pregnan				
Date last normal menses	began 10/25/2017	Physician	estimate	of gestation (ii	n weeks)	Post fe	ertilization age of the fetus (in weeks) 6				
How were the gestationa ULTRASOUND	l age and post fertilization age de	termined?				•					
Full name of physician p DR. CASANDRA CASI	HMAN	I admirate the second	1 .								
	forming termination (number and ROAD, INDIANAPOLIS, IN 46		, and zip c	coae)							
**Date Reported to D	CS, if Patient under 14 (month	, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and Addre PPIN-GEORGETOWN OR (PPGI)	SS) - 8590 GEORGETOWN ROAD, INDIAI	NAPOLIS, IN, 46268	•	gnancy termination		County of pregnancy termination MARION				
18	rried Date Yes No	of pregnancy termina 12/27/2017	tion Ed	ucation Hi	gh School Diploma or GED)				
Race American Indian or A Native Hawaiian or O	ther Pacific Islander 🔲 Wh	=	r African America	■ Unknown	Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino	■ Unknown				
Live Births:	Number now living	0		Number now deceased 0						
Other Terminations:	Number of spontaneous term			Number of induced terminations						
	not include this termination. I	0 If more than six (6) th	nose most recent.)		0					
1		3	4	5	6					
Fetus delivered alive?	If yes, length of time fetu	ıs survived:			Complication(s) of Pregnancy	Termination				
☐ Yes ■ No			■ None Uterine Perforat							
					_					
Fetus viable?	If viable, medical reason	for termination:		— Н	emorrhage	al Laceration				
☐ Yes ■ No				☐ In	Pection Retained	ed Products				
				Ιпο	her (Specify)					
Pathological examination	If yes, results:				(-1 - 35)					
performed?	if yes, results.									
Yes No					ermination of pregnancy result	t in a maternal death?				
				☐ Yes	■ No					
		Type of	Termination Proce	edures						
Procedure that Terminate	ed Pregnancy		Additiona	l Procedure that Term	inated Pregnancy					
_	• •									
Medical (NonsurgicaMedical (Nonsurgica				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						
Medical (Nonsurgica				cal (Nonsurgical) O						
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
Medical (Surgical) S Medical (Surgical) S	Suction Curettage Menstrual Aspiration		☐ Medi	cal (Surgical) Suction	n Curettage ual Aspiration					
Medical (Surgical)				cal (Surgical) Other						
F M-4:1 (C:-1)				-1 (C1)1	41 - f-11	4:				
For Medical (Surgical) pr	rocedures, answer the following	g question.	For Medic	ai (Surgicai) procedi	res, answer the following ques	tion.				
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at	least 20 weeks?		fetus viable or have	post fertilization age at least 2	20 weeks?				
	10			l les 📙 No						
If the previous question w	vas answered yes, complete the	e following questions.	If the prev	rious question was an	swered yes, complete the follow	wing questions.				
	best opportunity to survive?				pportunity to survive?					
☐ Yes ☐ N	O			Yes No						
	determination that the pregnant				ination that the pregnant wom					
that required the proced woman?	lure to avert death or serious im	npairment to the pregn	nant that requestions woman?	•	avert death or serious impairm	ent to the pregnant				
Wolliam.										
			<u> </u>							
Date last normal menses	began	Physician e	estimate of gestation	n (in weeks)	Post fertilization age of the f	etus (in weeks)				
	UNKNOWN		9		7					
=	l age and post fertilization age of	determined?								
ULTRASOUND										
Full name of physician pe		_								
	IMAN forming termination (number a.	nd street city state o	and zin code)							
	ROAD, INDIANAPOLIS, IN		ны цр соце)							
	,									
**Date Reported to DO	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Facility Name and A	Facility Name and Address City or town, of pregnancy termination County of pregnancy termination											
PPIN-GEÖRGETOWN OR ((PPGI)	- 8590 GEORGETOWN ROAD), INDIANAPOLIS,	IN, 46268			IAPOLIS			ARION		
To the state of			D									
Patient's age** 24	Mai	rried Yes I No	Date of pregn	12/27/201		Educa	tion		ollege, No Degree	1		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0			Number now deceased 0						
Other Termination	s:	Number of spontaneou				Number of induced terminations						
Dates of termination	s (Do	not include this termina	ution. If more t	han six (6),	, those m	ost recent.)			0			
1		2	3			4	5					
Fetus delivered alive		If yes, length of tir	ne fetus surviv	red:				Compli	cation(s) of Pregnand	cy Termination		
	110					■ None ☐ Uterine Perforation						
Fetus viable?		If viable, medical i	reason for term	nination:				Hemorrhag	ge	ical Laceration		
☐ Yes ■ 1	No							Infection	☐ Retai	ined Products		
								Other (Spec	cify)			
Pathological examination	ation	If yes, results:										
performed?	No				Did thi	c terminati	on of pragnancy res	ult in a maternal death?				
	110				Did this termination of pregnancy result in a maternal death Yes No							
Type of Termination Procedures												
Procedure that Term	inate	d Pregnancy				Additional Pr	ocedure that Ter	rminated Pr	regnancy			
Medical (Nonsu	ırgica	Mifenristone				☐ Medical	(Nonsurgical) M	Mifenriston	ie.			
Medical (Nonsu	ırgica											
i Medicai (Nollsu	ngica	1) Other (<i>specify</i>)				Medicai	(Nonsuigical)	Julei (Spec	<i>(1)</i>			
_ \	,	Suction Curettage Menstrual Aspiration					(Surgical) Suct (Surgical) Men					
Medical (Surgio							(Surgical) Othe					
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing questic	on.		For Medical ((Surgical) proceed	dures, answ	ver the following que	estion.		
Was the fetus viabl	le or l	nave a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [□ N	0				_ Y	Yes No					
If the previous quest	ion w	as answered yes, comple	ete the followi	ng questior	ns.	If the previou	s question was a	answered ye	es, complete the foll	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us given the best Yes \(\sime\) No	t opportuni	ty to survive?			
		letermination that the pr	egnant woman	had a cond	dition	What was th	ne basis for dete	rmination t	hat the pregnant wo	man had a condition		
		ure to avert death or seri								ment to the pregnant		
woman :						woman?						
				1				,				
Date last normal mer		oegan 10/18/2017		Physician	n estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the 8	: fetus (in weeks)		
How were the gestat		age and post fertilization	n age determin	ied?				I	<u>-</u>			
ULTRASOUND												
Full name of physici DR. CASANDRA C		rforming termination										
= -	-	orming termination (nur		t, city, state	e, and zip	code)						
JUNE GLONGETON	- 14 L	CAD, INDIANAFOLI	o, iii 40200									
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANAPOLIS	City 6	or town, of pregna	ncy termination		County of pregnancy termination MARION				
Patient's age** Ma	urried Date of preg	nancy termination	Educa	tion		1				
21	Yes No	12/27/2017	Buutu			lege, No Degree				
Race American Indian or A Native Hawaiian or O	ther Pacific Islander White	Black or Afr	rican American	Unknown	Not Hi	ic or Latino 🔲 Unknown				
Live Births:	Number now living 0		Number now deceased 0							
Other Terminations:	Number of spontaneous termination 0	S		Number of induced terminations 0						
Dates of terminations (De	o not include this termination. If more	than six (6), those	most recent.)							
1	23	1	4	5	Complication	tion(s) of Pregnancy Termination				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus survi	ved:								
					None	Uterine Perforation				
Fetus viable?	If viable, medical reason for terr	nination:			Hemorrhage	☐ Cervical Laceration				
☐ Yes ■ No					Infection	☐ Retained Products				
					Other (Specif	(y)				
Pathological examination										
performed? ☐ Yes ■ No			Did this termination of pregnancy result in a maternal do							
				☐ Ye		ror pregnancy result in a material death.				
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
			1_		·	,				
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica	al) Misoprostol		☐ Medical	(Nonsurgical) I (Nonsurgical) I	Misoprostol					
Medical (Nonsurgical	Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)									
Medical (Surgical)				(Surgical) Suct						
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)			(Surgical) Men (Surgical) Othe		tion				
F M 1' 1/C ' 1	1 (1 0 11)		- - 	(G : 1)	1	.1 6.11				
For Medical (Surgical) pi	rocedures, answer the following questi	on.	For Medical (Surgical) proced	dures, answe	r the following question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20 To) weeks?		us viable or have Yes 🔲 No	e a post fertil	ization age at least 20 weeks?				
	vas answered yes, complete the follow	ing questions			newarad vae	, complete the following questions.				
•		ing questions.		-	•					
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes \text{No}	t opportunity	to survive?				
What was the basis for	determination that the pregnant woma	n had a condition	What was th	ne hasis for dete	rmination tha	at the pregnant woman had a condition				
that required the proced	lure to avert death or serious impairme		that require			or serious impairment to the pregnant				
woman?			woman?							
			1							
Date last normal menses	•	Physician estim	ate of gestation (i	n weeks)	Post fert	ilization age of the fetus (in weeks)				
	10/07/2017 age and post fertilization age determi	ned?	11			9				
ULTRASOUND										
Full name of physician performing termination										
DR. CASANDRA CASH			-i 1 \							
	forming termination (number and street ROAD, INDIANAPOLIS, IN 46268	еі, сіту, state, and z	up coae)							
**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addrepin-Georgetown or (PPC	ress GI) - 8590 GEORGETOWN ROA	D, INDIANAPOLIS, IN, 46268	City or to		ncy termination		County of pregnancy termination MARION			
21	Iarried ☐ Yes ■ No	Date of pregnancy ter		Educat			ol Diploma or GEI	D		
Race American Indian or Native Hawaiian or		☐ Asian ☐ Bl ☐ White ■ On	ack or Africa her	n American	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	1		Number now deceased 0						
Other Terminations:	Number of spontaneo	us terminations			Number of ind	uced termin	nations 0			
Dates of terminations (I	Do not include this termin	nation. If more than six	(6), those mos	st recent.)			<u> </u>			
1	2	3	4.		5		6			
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:		Complication(s) of Pregnancy Terminal						
					1	None	☐ Uterin	e Perforation		
Fetus viable?	If viable, medical	reason for termination:			D	Hemorrhage	e 🗌 Cervio	cal Laceration		
☐ Yes ■ No					I	Infection	☐ Retain	ed Products		
						Other (Spec	cify)			
Pathological examination	on If yes, results:									
performed?										
☐ Yes ■ No					Did this			It in a maternal death?		
Type of Termination Procedures										
Procedure that Termina	tad Pragnancy	•			ocedure that Ter	minated Dr	eagnancy.			
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi					(Nonsurgical) N (Nonsurgical) N					
	cal) Other (Specify)			Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage			☐ Medical	(Surgical) Sucti	ion Curetta	ge			
	Menstrual Aspiration			■ Medical	(Surgical) Mens (Surgical) Othe	strual Aspii				
	Other (Speedy)			Wiedicai	(Burgicur) Ourc	Г (Бресіју)				
								_		
For Medical (Surgical)	procedures, answer the fo	ollowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable o ☐ Yes ■	r have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
				_						
If the previous question	was answered yes, comp	lete the following ques	tions.	If the previou	s question was a	inswered ye	es, complete the follo	wing questions.		
Was the fetus given th ☐ Yes ☐	ne best opportunity to surv No	vive?			us given the best Yes \(\sime\) No	opportunit	y to survive?			
		magnest vyamas had a a	andition	_	_	umination tl	hat the macanant vyom	on had a condition		
	r determination that the pedure to avert death or ser						hat the pregnant wom th or serious impairm			
woman?				woman?						
Date last normal menses	•	Physi	cian estimate	of gestation (i	n weeks)	Post fe	rtilization age of the	fetus (in weeks)		
How were the sectation	al age and post fertilization	on age determined?		13			11			
ULTRASOUND	ar age and post terunzand	on age determined?								
Full name of physician DR. CASANDRA CAS										
	erforming termination (nu	mber and street, city, s	tate, and zip c	rode)						
8590 GEORGETOWN	ROAD, INDIANAPOL	IS, IN 46268								
**Date Reported to I	OCS, if Patient under 1	4 (month, day, year): _					-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268 City or town, of pregnancy termination										ncy termination	
PPIN-GEORGETOWN OR ((PPGI)	- 8590 GEORGETOWN ROAL	, INDIANAPOLIS,	IN, 46268		INDIAN	ARION				
Patient's age**			Date of pregn	ancy termi	nation	Educa	tion				
19	Mai	rried Yes No		12/27/201		Lauca	non	Some Co	ollege, No Degree	•	
Race American Indian Native Hawaiian			Asian White	☐ Black ■ Other		an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0			Number now deceased 0					
Other Termination	s:	Number of spontaneou					Number of ind	luced termi			
Dates of termination	s (Do	not include this termina	ution. If more t	han six (6),	those me	ost recent.)			<u> </u>		
1			3			4	5	G 1:	6		
Fetus delivered alive Yes 1		If yes, length of tir	ne fetus surviv	ed:	Complication(s) of Pregnancy Termin					•	
								None	∐ Uteri	ne Perforation	
Fetus viable?		If viable, medical i	reason for term	nination:				Hemorrhag	ge 🗌 Cerv	ical Laceration	
☐ Yes ■ 1	No							Infection	Reta	ined Products	
								Other (Spec	cify)		
Pathological examination performed?	ation	If yes, results:									
Yes •				Did thi	s termination	on of pregnancy res	ult in a maternal death?				
							☐ Ye	s 🔳 N	0		
				Type	of Termin	nation Procedur	res				
Procedure that Term	inate	l Pregnancy				Additional Pr	ocedure that Ter	rminated Pr	regnancy		
☐ Medical (Nonsu☐ Medical (Nonsu☐							(Nonsurgical) N				
		l) Other (<i>Specify</i>)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgice)	cal) S	Suction Curettage				☐ Medical	(Surgical) Suct	ion Curetta	ige		
☐ Medical (Surgion Med		Menstrual Aspiration Other (Specify)					(Surgical) Men (Surgical) Othe	strual Aspi	ration		
(Surgre	, c	outer (speegy)					(Surgiculy Sure	i (Speedy)			
	1\		1				20 11	,	4 6 11 .		
	_	ocedures, answer the fol				For Medical (Surgical) procedures, answer the following question.					
Was the fetus viabl ☐ Yes ☐		nave a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No					
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	ıs.	If the previou	s question was a	nswered v	es, complete the foll	owing questions.	
		best opportunity to surv		8 1		•	us given the best	·		4	
Yes [ive:				res No	оррогии	ty to survive:		
		letermination that the pr								man had a condition	
that required the pr woman?	rocedi	are to avert death or seri	ous impairmer	nt to the pre	gnant	that required woman?	d the procedure	to avert dea	ath or serious impair	ment to the pregnant	
Date last normal men	nses l	pegan		Physician	n estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)	
	•	10/01/2017				13			11		
How were the gestat: ULTRASOUND	ional	age and post fertilization	n age determin	ned?							
0211111000115											
Full name of physician performing termination											
DR. CASANDRA C	CASH	MAN	-			-					
= -	-	orming termination (nun ROAD, INDIANAPOLI		t, city, state	e, and zip	code)					
3250201											
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Facility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						mination LIS	County of pregnancy termination MARION			
Dationt? - wh			Data of	imati-	F-1	da.					
Patient's age** 25	Ma	rried Yes No	Date of pregnancy term 12/27/201		Educa	tion		sociate Degree			
Race American Indian Native Hawaiian		ther Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Othe		n American		ıknown 🔳 Not	ty panic or Latino E Hispanic or Latino			
Live Births:		Number now living	0			Numt	per now deceased	0			
Other Termination	s:	Number of spontaneou	us terminations 0		Number of induced terminations 0						
Dates of termination	s (Do		ation. If more than six (6)		st recent.)		5	6			
Fetus delivered alive	?	If yes, length of ti	me fetus survived:				Comp	lication(s) of Pregnancy Termination			
☐ Yes ■	No						☐ Uterine Perforation				
							Hemorrha	age Cervical Laceration			
Fetus viable? Yes	No	If viable, medical	reason for termination:				☐ Infection	Retained Products			
res r	NO						_				
							Other (Sp	ecify)			
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■	No				Did this termination of pregnancy result in a maternal death						
							Yes •	No			
			Type	of Termin	ation Procedu	res					
Drogodyna that Ta	inati	d Dragnar av	1 y p c	3. Termin			o that Tamain - t - 1	Dragnanay			
Procedure that Term		•					e that Terminated				
☐ Medical (Nonsu☐ Medical (Nonsu☐							rgical) Mifepristo rgical) Misoprost				
		l) Other (Specify)			Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control Contro	cal) S	Suction Curettage			☐ Medical	(Surgio	cal) Suction Curet	tage			
	cal) N	Menstrual Aspiration			■ Medical	(Surgic	cal) Menstrual Asj	piration			
Wiedieur (Burgie	<i>(</i> ()	other (specify)			Wiediear	(Burgie	out) Outer (Speety)	')			
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question.		For Medical (Surgica	al) procedures, ans	wer the following question.			
	le or l	have a post fertilization o	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion w	vas answered yes, comp	lete the following questio	ns.	If the previou	s quest	ion was answered	yes, complete the following questions.			
Was the fetus gives ☐ Yes ☐		best opportunity to surv	vive?			us givei Yes [n the best opportui	nity to survive?			
			regnant woman had a con					that the pregnant woman had a condition			
that required the programmer woman?	oced	ure to avert death or ser	ious impairment to the pr	egnant	that require woman?	d the pr	ocedure to avert d	eath or serious impairment to the pregnant			
Dele			1 ~~		<u> </u>) I ~	0.411.41			
Date last normal me		oegan JNKNOWN	Physicia	ın estimate	of gestation (i	n week.	s) Post	fertilization age of the fetus (in weeks) 7			
How were the gestat ULTRASOUND		age and post fertilization	on age determined?		-		1				
CETTAGOOND											
Full name of physics	an ne	erforming termination									
DR. CASANDRA C	_	-									
	-	-	mber and street, city, stat	e, and zip o	code)						
8590 GEORGETO	WN F	ROAD, INDIANAPOL	i5, IN 46268								
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):										
r											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr PPIN-GEORGETOWN OR (PPG	Facility Name and Address PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						ncy terminatio	County of pregnancy termination MARION			
34	Iarried	d Yes No	Date of pregn	nancy termina 12/27/2017	ition	Educat	tion		ollege, No Degree		
Race American Indian or A Native Hawaiian or C	Other	Pacific Islander	Asian White	☐ Black or ■ Other	r Afric	an American	Unknown	☐ Not	y anic or Latino Hispanic or Latino		
Live Births:	Nι	ımber now living	2		Number now deceased						
Other Terminations:	Nι	umber of spontaneous				Number of induced terminations					
Dates of terminations (<i>L</i>)0 no.	t include this termina	tion. If more to	han six (6), th	hose mo	ost recent.)	5.		6.		
Fetus delivered alive?		If yes, length of tin		red:	Complication(s) of Pregnancy Termin						
☐ Yes ■ No					■ None ☐ Uterine Perfor						
								Hemorrhag	ge		
Fetus viable?		If viable, medical r	eason for term	nination:							
☐ Yes ■ No							Infection	Retained Products			
								Other (Spe	cify)		
Pathological examination performed?											
Yes • No								nis terminati	on of pregnancy result in a maternal death?		
				Yes No							
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurgion)	cal) I	Mifenristone				☐ Medical	(Nonsurgical)	Mifenristor	ne.		
Medical (Nonsurgio	cal) I	Misoprostol				Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol					
Medical (Surgical)							(Surgical) Suc				
☐ Medical (Surgical) ☐ Medical (Surgical)						☐ Medical ☐ Medical	(Surgical) Me (Surgical) Oth	nstrual Aspi er <i>(Specif</i> y)	iration		
(Surgious)	o une	a (Speedy)					(Surgicul) ou	iei (speegy)			
For Medical (Surgical) p	proce	dures, answer the following	owing questic	on.		For Medical (Surgical) proc	edures, ansv	wer the following question.		
Was the fetus viable of Yes 1		e a post fertilization a	ige at least 20	weeks?			us viable or ha Yes 🔲 No	ve a post fer	fertilization age at least 20 weeks?		
If the previous question	was a	answered yes, comple	ete the following	ng questions.		If the previou	s question was	answered y	res, complete the following questions.		
Was the fetus given the ☐ Yes ☐ 1		t opportunity to survi	ve?				us given the be Yes \text{No}	st opportuni	ity to survive?		
What was the basis for	r dete	rmination that the pre	egnant woman	had a conditi	ion	What was th	ne basis for det	ermination t	that the pregnant woman had a condition		
that required the proce						that required			ath or serious impairment to the pregnant		
woman?						woman?					
Date last normal menses	_	nn 27/2017		Physician e	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 10		
How were the gestationa			n age determin	l ied?							
ULTRASOUND											
Full name of physician p	_	-									
Address of physician pe		-		t, city, state, a	and zip	code)					
8590 GEORGETOWN	KU/	, INDIANAPOLI	J, IIN 40200								
**Date Reported to D	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A	Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION		
Patient's age** 35	Marri	ied □ Yes ■ No	Date of pregr	nancy term 12/27/20		Educa	ation	;		ollege, No Deg	ree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Unkno	own		/ anic or Latino Hispanic or Latir	10	☐ Unknown		
Live Births:]	Number now living	1				Number r			0		_		
Other Termination	s:	Number of spontaneou					Number o	of indu	iced termi					
Dates of termination	is (Do n	not include this termin				ost recent.)				0				
I	. 0	21				4		5	Complia	cation(s) of Preg	nancy '	Termination		
Fetus delivered alive		If yes, length of ti	me ietus surviv	/ea:				■ N	•	_	•	Perforation		
								_						
Fetus viable?				∐ Н	lemorrhag	e ∐ C	ervical	Laceration						
Yes I	No						☐ Ir	nfection	☐ R	etaineo	l Products			
								□ O	ther (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •								result i	in a maternal death?					
						Yes	■ N	0						
	Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Procedure that Term	inated	Pregnancy			Additional P	rocedure that	at Terr	ninated Pr	regnancy					
Medical (Nonsu							(Nonsurgic							
Medical (Nonsu		Other (Specify)					l (Nonsurgic l (Nonsurgic							
Medical (Surgional Control Contro	cal) Su	ction Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge				
	cal) Me	enstrual Aspiration				☐ Medica	(Surgical) (Surgical)	Mens	trual Aspi	ration				
Wiedicai (Surgio	zai) Ot	ner (specify)				Wiedica	(Surgicar)	Ouici	(Бресцу)					
For Medical (Surgic	al) proc	cedures, answer the fo	llowing question	n .		For Medical	(Surgical) n	arocedi	urec ancu	ver the following	questi	On		
	_					For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
	le or ha ■ No	we a post fertilization	age at least 20	weeks?			Yes \[\] N		a post fert	ilization age at I	east 20	weeks?		
If the previous quest	ion wa	s answered yes, comp	lete the followi	ng questio	ons.	If the previo	us question	was ar	nswered ye	es, complete the	follow	ing questions.		
	n the bo	est opportunity to surv	vive?				tus given the		opportuni	ty to survive?				
		termination that the pr	regnant woman	n had a con	ndition	_	_		nination f	hat the pregnant	womai	n had a condition		
		e to avert death or ser										nt to the pregnant		
woman:						woman:								
Data last normal	nees k-	gan		Dhygigi	an Actionat	a of gostetics (in wooks)		Post f-	utilization cos -	f tha fa	tue (in weeks)		
Date last normal me		gan)/03/2017		Filysicia	an esumate	e of gestation (ın weeks)		rost fe	rtilization age of	10	ius (in weeks)		
	ional a	ge and post fertilization	on age determin	ned?					•					
ULTRASOUND														
Full name of physici	Full name of physician performing termination													
DR. CASANDRA C	ASHN	IAN	, ,			7.								
	-	rming termination (nu.		t, cíty, stai	te, and zip	code)								
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/28/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addres	SS - 8590 GEORGETOWN ROAD, INDIAN.	APOLIS, IN, 46268	ity or town, of pregr	•	n (County of pregnancy termination			
	,	·	INDIA	NAPOLIS		MARION			
Patient's age** 24	rried Date o	f pregnancy terminat 12/27/2017	tion Educ	ation	Some Coll	ege, No Degree			
Race American Indian or Al Native Hawaiian or Ot			African American	Unknown		ic or Latino spanic or Latino			
Live Births:	Number now living	1		Number now		0			
Other Terminations:	Number of spontaneous termin	nations 0		Number of in	duced termina	ations 0			
	not include this termination. If			1					
Fetus delivered alive? Yes No	If yes, length of time fetus		4	•	Complicat None	tion(s) of Pregnancy Termination Uterine Perforation Cervical Laceration			
Fetus viable? Yes No	If viable, medical reason f	or termination:	☐ Hemorrhage ☐ Cervical Lace: ☐ Infection ☐ Retained Prod ☐ Other (Specify)						
Pathological examination performed? Yes No	If yes, results:			Did th ☐ Yo		of pregnancy result in a maternal death?			
		Type of '	Termination Proced	ıres					
Procedure that Terminated	d Pregnancy		Additional I	Procedure that Te	erminated Preg	gnancy			
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	l) Misoprostol		☐ Medica	Medical (Nonsurgical) Misoprostol					
Medical (Surgical) S Medical (Surgical) M Medical (Surgical) C	Menstrual Aspiration		☐ Medica	l (Surgical) Suc l (Surgical) Mer l (Surgical) Oth	nstrual Aspira				
For Medical (Surgical) pro	ocedures, answer the following	question.	For Medical	(Surgical) proce	edures, answer	the following question.			
Was the fetus viable or h ☐ Yes ■ No	nave a post fertilization age at le	east 20 weeks?		tus viable or hav Yes	e a post fertili	ization age at least 20 weeks?			
If the previous question w	ras answered yes, complete the f	following questions.	If the previo	us question was	answered yes,	, complete the following questions.			
Was the fetus given the Yes No	best opportunity to survive?			tus given the bes	st opportunity	to survive?			
	letermination that the pregnant ure to avert death or serious imp		on What was that requir woman?	the basis for dete ed the procedure	ermination tha to avert death	at the pregnant woman had a condition or serious impairment to the pregnant			
	11/06/2017		stimate of gestation 5	(in weeks)	Post ferti	ilization age of the fetus (in weeks) 3			
How were the gestational ULTRASOUND	age and post fertilization age de	etermined?							
Full name of physician pe	IMAN								
	orming termination (number and ROAD, INDIANAPOLIS, IN 4		nd zip code)						
**Date Reported to DO	CS. if Patient under 14 (mont)	h day year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPG	ess ii) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or tow		ncy termination		County of pregnancy termination MARION				
22	arried Yes No	Date of pregnancy term 12/27/20		Educat			ol Diploma or GEI	D			
Race American Indian or A Native Hawaiian or C		☐ Asian ■ Bla ☐ White ☐ Oth	ck or African	American	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	0			Number now d	eceased	0				
Other Terminations:	Number of spontaneou	is terminations		Number of induced terminations 0							
Dates of terminations (D	Oo not include this termin	ation. If more than six (6), those most	recent.)							
1	1	3	4		5	Complia	cation(s) of Pregnanc	y Tomaination			
Fetus delivered alive? ☐ Yes ■ No	If yes, length of tin	me fetus survived:				•	_				
					1	None	Uterin	ne Perforation			
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration							
☐ Yes ■ No					I	nfection	☐ Retair	ned Products			
						Other (Spec	cify)				
Pathological examination performed?	n If yes, results:										
Yes No				Did this termination of pregnancy result in a maternal death							
					☐ Yes	s 🔳 No	D				
Type of Termination Procedures											
		Тур	e of Terminat	ion Procedur	es						
Procedure that Terminate	ed Pregnancy		A	Additional Pro	ocedure that Ter	minated Pr	regnancy				
Medical (Nonsurgio			[(Nonsurgical) M						
Medical (NonsurgioMedical (Nonsurgio					(Nonsurgical) M (Nonsurgical) C						
Medical (Surgical)	Suction Curettage		_	☐ Medical	(Surgical) Sucti	on Curetta	ge.				
	Menstrual Aspiration			Medical	(Surgical) Mens	strual Aspir					
i Medicai (Surgicai)	Other (Specify)			☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical) p	procedures, answer the fol	llowing question.	F	For Medical (Surgical) proced	lures, answ	er the following que	stion.			
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization	age at least 20 weeks?			ıs viable or have 'es □ No	a post fert	ilization age at least	20 weeks?			
		late the following questi	one III	_		marriana d via	as assemble to the fello	wing quartians			
• •	was answered yes, compl	• •		•	•	•	es, complete the follo	owing questions.			
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	ive?			is given the best Yes No	opportunit	ty to survive?				
What was the basis for	determination that the pr	regnant woman had a co	ondition	What was th	e basis for deter	mination th	hat the pregnant won	nan had a condition			
	dure to avert death or seri						th or serious impairs				
woman.				woman.							
Date last normal menses	hagan	Db:-	ian estimate of	f gostotion /:	n waaks)	Doct f-	rtilization age of the	fatus (in waaks)			
Date last normal menses	10/20/2017	Physic	ian estilliate Ol	9	i weeks)	rost ie	runzation age of the	icias (in weeks)			
How were the gestationa	al age and post fertilization	n age determined?									
ULTRASOUND	JLTRASOUND										
Full name of abvaisies	performing towningties										
Full name of physician p											
	rforming termination (num		ate, and zip co	de)							
8590 GEORGETOWN	ROAD, INDIANAPOLI	IS, IN 46268									
**Date Reported to D	OCS, if Patient under 14	4 (month, day, year):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219						City or to	y or town, of pregnancy termination INDIANAPOLIS				County	of pregnan	cy terr			
Patient's age** 25	Mar	ried	Yes	■ No	Date of pregr	nancy term 12/22/201		Ed	luca	tion		,	ter's De	gree		
Race American Indian Native Hawaiian		her Pa	cific I		☐ Asian ■ White	☐ Black		an America	n		ıknown	■ Not I	/ anic or La Hispanic o			Unknown
Live Births:		Numb	er no	w living	3					Numl	ber now o	deceased	0			
Other Termination				_	us terminations 3					Numl	ber of inc	luced termi	nations 0)		
Dates of termination 1. 2015	s (Do	2. <u>20</u>		this termin	nation. If more t), those mo	ost recent.) 4			5			6		
Fetus delivered alive		If	yes, 1	length of ti	me fetus surviv	ed:						Compli	cation(s) o	of Pregnanc	y Terr	nination
☐ Yes ■ I	No							■ None ☐ Uterine Perforation						Coration		
Fetus viable? If viable, medical reason for termination:								☐ Hemorrhage ☐ Cervical Laceration						ceration		
Yes I	No		viuoi	c, medical	reason for term	mution.						Infection		☐ Retai	ned Pr	oducts
Pathological examination								Other (Specify)								
Pathological examination performed?																
Yes No								Did this termination of pregnancy result in a maternal death Yes No							maternal death?	
						Туре	of Termin	nation Proc	eduı	res						
Procedure that Terminated Pregnancy								Additiona	ıl Pr	ocedur	e that Te	rminated Pr	regnancy			
Medical (NonsuMedical (Nonsu												Mifepriston Misoprosto				
Medical (Nonsu								☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
☐ Medical (Surgion Med	al) N	1enstru	ıal Asj	piration				☐ Med	ical	(Surgic	cal) Men	ion Curetta strual Aspi er (Specify)				
☐ Medicai (Surgio	ai) C	outer (S	specijy	y)				☐ Med.	icai	(Surgic	zai) Ouic	н (ѕресіју)				
For Medical (Surgical	al) pro	ocedure	es, ans	swer the fo	ollowing question	on.		For Medi	cal (Surgic	al) proce	dures, answ	er the fol	lowing que	estion.	
Was the fetus viable Yes	le or h		post fe	ertilization	age at least 20	weeks?		_	_	us viabi Yes - F	_	e a post fer	tilization a	age at least	20 we	eks?
If the previous quest	_		wered	yes, comp	lete the followi	ng questio	ns.	_		_		answered y	es, comple	ete the follo	owing	questions.
Was the fetus given ☐ Yes [portui	nity to sur	vive?					us give Yes [t opportuni	ty to survi	ive?		
What was the basis	s for d	etermi														d a condition the pregnant
woman?					1	1		woman		1				1		1 0
Date last normal men	nses b	egan				Physicia	ın estimate	of gestation	on (i	n week	s)	Post fe	rtilization	age of the	fetus	(in weeks)
**		1/06/2		C	• . •	10		6						4		
How were the gestational age and post fertilization age determined? ULTRASOUND EXAMINATION																
Full name of physici DR. JEFFREY D. G	_		ng terr	mination												
Address of physician 1201 N ARLINGTO	n perfe	orming				t, city, stat	e, and zip	code)								
1201 N ARLINGTO	'N AV	, E, IN	PIAN	AFULIS,	114 402 13											
**Date Reported t	o DC	S, if I	Patien	nt under 1	4 (month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/29/2017

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Facility Name and Add THE WOMEN'S MED CENTER INDIANAPOLIS, IN, 46219	C	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION						
Patient's age**	Marrie	d	Date of pregn	ancy terminat	tion	Educa	ition				1		
34		u Yes □ No		12/22/2017	ition	Educi	ition	н	igh Scho	ol Diploma or GE	ĒD		
Race American Indian or Native Hawaiian or	Other	Pacific Islander [Asian White	☐ Black or ■ Other	r Africa	an American		ıknown	Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Nı	umber now living	2					er now d		0			
Other Terminations:	N	umber of spontaneous	s terminations 0				Numl	per of ind	uced termin	nations 0			
Dates of terminations (Do no		v			ost recent.)	,						
Fetus delivered alive?	2.	If yes, length of tin	3			4		5	Complic	eation(s) of Pregnan	cv Termination		
Yes No)	ir yes, length of thi	ile retus surviv	cu.		■ None ☐ Uterine Perforat							
						☐ Hemorrhage ☐ Cervical Laceration							
Fetus viable?	If viable, medical r	eason for term	ination:						_				
☐ Yes ■ No							nfection		ined Products				
									Other (Spec	cify)			
Pathological examinati performed?	on	If yes, results:											
■ Yes □ No)	CHORIONIC VILI	LAE, GESTA	TIONAL SA	C	Did this termination of pregnancy result in a maternal d ☐ Yes ■ No							
									S <u>= 140</u>)			
				Type of	Termin	nation Procedu	res						
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsurg☐ Medical (Nonsurg									Iifepriston Iisoprostol				
☐ Medical (Nonsurg	ical) (Other (Specify)				Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)									on Curetta				
☐ Medical (Surgical) ☐ Medical (Surgical)									strual Aspii r (<i>Specify)</i>	ration			
For Medical (Surgical)	proce	dures, answer the foll	lowing questio	on		For Medical	(Surgica	al) proced	lures answ	er the following qu	estion		
Was the fetus viable							_	_		ilization age at leas			
Yes Yable		e a post fertilization a	ige at least 20	weeks:			Yes [a post tert	mzation age at leas	1 20 weeks:		
If the previous question	n was a	answered yes, comple	ete the following	ng questions.		If the previou	ıs quest	ion was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus given the	he bes	t opportunity to survi	ve?			Was the fet	us give	n the best	opportunit	y to survive?			
☐ Yes ☐	No						Yes [No					
What was the basis for that required the proc											man had a condition ment to the pregnant		
woman?	caare	to avert deads of seri	ous impuirion	it to the pregn		woman?	a are p	occurre t	o avert dea	or somous impun	ment to the pregnant		
Date last normal mense	_			Physician e	estimate	of gestation (in week	s)	Post fe	rtilization age of the	e fetus (in weeks)		
How were the gestation		31/2017 e and post fertilization	age determin	ed?		7				5			
ULTRASOUND EXAI	=												
Full name of physician DR. JEFFREY D. GL.	AZER	t											
Address of physician p 1201 N ARLINGTON		=		t, city, state, a	and zip	code)							
AREMOTOR	<u>.</u> ,	,											
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre THE WOMEN'S MED CENTER O INDIANAPOLIS, IN, 46219		LINGTON AVE,	City or tov		ncy termination	l	County of pregnancy termination MARION				
Patient's age** Ma	. ,	Date of pregnancy term	nination	Educat	ion						
26	arried Yes No	12/22/20		Educai	.1011	,	elor's Degree				
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blace ■ White ☐ Oth	ck or African	American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	2	<u> </u>		Number now		0				
Other Terminations:	Number of spontaneou			Number of induced terminations							
Dates of terminations (De	 o not include this termina	ation. If more than six (6	6), those most	recent.)			U				
1	2	3	4		5		6				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of tin	ne fetus survived:				Complic	cation(s) of Pregnanc	y Termination			
				■ None							
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration							
Yes No	ir viuozo, inociour					Infection	☐ Retain	ned Products			
						Other (Spec	cify)				
Pathological examination	If yes, results:										
performed? ■ Yes □ No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did th	is termination	on of pregnancy resu	It in a maternal death?			
103 110				Did this termination of pregnancy result in a maternal d Yes No							
		Тур	e of Terminat	tion Procedur	es						
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure that Te	rminated Pr	regnancy				
☐ Medical (Nonsurgical	,				(Nonsurgical)						
☐ Medical (Nonsurgical	al) Misoprostol		ן	Medical	(Nonsurgical)	Misoprostol	1				
☐ Medical (Nonsurgical	al) Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)	Suction Curettage Menstrual Aspiration		[(Surgical) Suct (Surgical) Men						
Medical (Surgical)					(Surgical) Men						
For Medical (Surgical) pr	rocedures, answer the fol	lowing question.	₁	For Medical (Surgical) proce	dures, answ	ver the following que	 stion.			
	have a post fertilization			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes Yes		age at least 20 weeks:			es No	e a post tert	inization age at least	20 weeks:			
If the previous question v	was answered yes, compl	ete the following question	ons. I	If the previou	s question was	answered ye	es, complete the follo	owing questions.			
Was the fetus given the	best opportunity to surv	ive?		Was the fetu	is given the bes	t opportunit	ty to survive?				
☐ Yes ☐ N	lo				es □ No	**	•				
	determination that the pr						hat the pregnant won				
woman?	lure to avert death or seri	ous impairment to the p	regnant	woman?	i the procedure	to avert dea	ath or serious impairr	nent to the pregnant			
Date last normal menses	began	Physici	an estimate o	of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)			
	10/18/2017	•		9	,		7				
How were the gestational		=									
ULTRASOUND EXAMI	ULTRASOUND EXAMINATION, PELVIC EXAMINATION										
Full name of physician p	erforming termination							1			
DR. JEFFREY D. GLAZ	-										
Address of physician per	-		te, and zip co	ode)							
1201 N ARLINGTON A	VE, INDIANAPOLIS,	IN 46219									
**Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					lity or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION		
Patient's age** 25	Marrie [d Yes • No	Date of pregnancy term 12/22/20		Educat	tion		th, No Diploma		
Race American Indian Native Hawaiian			☐ Asian ☐ Blace ■ White ☐ Other		an American	Unknown		y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living	2			Number now o	leceased	0		
Other Termination	s: N	umber of spontaneou				Number of inc	luced termi			
Dates of termination		ot include this termina 2009	ation. If more than six (6), those m	ost recent.)	5		6		
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	NO					■	None	☐ Uterine Perforation		
Fetus viable?		If viable, medical	reason for termination:		Hemorrhage Cervical Laceration					
☐ Yes ■	No				☐ Infection ☐ Retained Products					
						Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:								
Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC	Did this termination of pregnancy result in a maternal dea					
							s 🔳 N	0		
			Туро	e of Termi	nation Procedur	res				
Procedure that Term	inated P	regnancy			Additional Pro	ocedure that Te	rminated Pr	regnancy		
☐ Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsurgical) 1	Mifepriston	e		
Medical (Nonsu Medical (Nonsu	rgical)	Misoprostol Other (Specify)			☐ Medical ☐ Medical	(Nonsurgical) I (Nonsurgical)	Misoprosto Other (Spec	l ify)		
						_				
Medical (Surgional Control Contro	eal) Suc	tion Curettage			Medical	(Surgical) Suct	ion Curetta	ge		
	cal) Mer	strual Aspiration				(Surgical) Men (Surgical) Other	strual Aspi	ration		
Wiedlear (Burgh	our, our	or (specify)			- Wednear	(Surgicur) Our	л (Бресцу)			
For Medical (Surgic	al) proce	edures, answer the fol	lowing question.		For Medical (Surgical) proce	dures, answ	ver the following question.		
	<i>,</i> 1	,	age at least 20 weeks?					tilization age at least 20 weeks?		
	■ No	,			☐ Y	_	,			
		answered yes, complete opportunity to surv	ete the following question	ons.		s question was a	•	es, complete the following questions.		
Yes [st opportunity to surv	ive:			Yes No	г оррогинг	ty to survive:		
			egnant woman had a corous impairment to the p					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	occuare	to avert dealer of ser	ous impuirment to the p	· • B	woman?	a me procedure	io avert del	and or sorrous impullment to the pregnant		
			·	_	ı					
Date last normal me	_	an 13/2017	Physici	an estimate	e of gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks) 9		
How were the gestat	ional ago	e and post fertilization	=							
ULTRASOUND EX	AMINA I ION									
Full name of physici	-	-								
DR. JEFFREY D. C			nber and street, city, sta	te, and zip	code)					
1201 N ARLINGTO	N AVE	, INDIANAPOLIS,	N 46219							
**Date Reported t	if Patient under 14	4 (month, day, year):					-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/29/2017

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Facility Name and Ad THE WOMEN'S MED CENTI INDIANAPOLIS, IN, 46219	ddress ER OF I	NDIANAPOLIS - 1201 N ARI	LINGTON AVE,	City o	or town, of pregna	ancy termination	County of pregnancy termination MARION				
Dationt's**			Data of	nov tome ''	l pı	ution					
Patient's age** 29	Marri	ed Yes No		ncy termination 2/22/2017	Educa		gh School Diploma or GED				
Race American Indian of Native Hawaiian of	or Oth	er Pacific Islander	Asian White	☐ Black or Afr	rican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown				
Live Births:	1	Number now living	2			Number now de	eceased 0				
Other Terminations	: l	Number of spontaneou	s terminations 2			Number of indu	iced terminations				
Dates of terminations		not include this termina 2. 2015	ation. If more the	an six (6), those	most recent.)	5	6				
Fetus delivered alive	?	If yes, length of tin	ne fetus survive	d:			Complication(s) of Pregnancy Termination				
Yes N	No.				■ None ☐ Uterine Perforation						
					Hemorrhage Cervical Laceration						
Fetus viable? Yes N	Jo	If viable, medical r	eason for termin	nation:		l n	nfection Retained Products				
							Other (Specify)				
Pathological examina	tion	If yes, results:				0	omer (<i>Specify</i>)				
performed?	шоп										
■ Yes □ N	No	CHORIONIC VILI	LAE, GESTAT	IONAL SAC		Did this Yes	termination of pregnancy result in a maternal death				
							E 110				
Type of Termination Procedures											
Procedure that Termin	nated i	Pregnancy			Additional P	rocedure that Tern	ninated Pregnancy				
☐ Medical (Nonsur					l	(Nonsurgical) M	•				
☐ Medical (Nonsur	rgical)	Misoprostol			☐ Medical	(Nonsurgical) M	lisoprostol				
Medical (Nonsur	rgical)	Other (Specify)			Medical (Nonsurgical) Other (Specify)						
Medical (Surgical		ction Curettage enstrual Aspiration				(Surgical) Suction (Surgical) Menst					
Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical Medi						(Surgical) Mensi (Surgical) Other					
For Medical (Surgica	l) proc	edures, answer the fol	lowing question		For Medical	(Surgical) procedu	ures, answer the following question.				
Was the fetus viable ☐ Yes ■		ve a post fertilization a	nge at least 20 w	eeks?		us viable or have a	a post fertilization age at least 20 weeks?				
If the previous question	on was	s answered yes, comple	ete the following	g questions.	If the previou	ıs question was an	nswered yes, complete the following questions.				
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?			us given the best of	opportunity to survive?				
	_	termination that the pro	eonant woman h	nad a condition		_	nination that the pregnant woman had a condition				
		e to avert death or serie					avert death or serious impairment to the pregnant				
woman:					woman:						
Date last normal men	icec be	gan	Т	Physician action	ate of gestation (in waaks)	Post fertilization age of the fetus (in weeks)				
Date last normal men		gan 0 /26/2017		i nysician esum	ate of gestation ()	in weeks)	9				
_		ge and post fertilization	_	d?							
ULTRASOUND EXA	ILTRASOUND EXAMINATION, PELVIC EXAMINATION										
Full name of physicia											
	perfor	ming termination (num		city, state, and z	ip code)						
1201 N ARLINGTO	N AVI	E, INDIANAPOLIS, I	N 46219								
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					City or town, of pregnancy termination INDIANAPOLIS County of pregnancy to MARIO							
Dationt? + ++			Date -f	nomor: t: ·	n ati	F-1	ntio					
Patient's age** 39	Marri	ied ■ Yes 🗌 No	Date of pregn	12/22/2017		Educa	ation	н	_	ol Diploma or	GED	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American		known	■ Not I	/ anic or Latino Hispanic or Latin	10	Unknown
Live Births:	1	Number now living	3				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	s terminations	i			Numb	er of ind	uced termi	nations 1		
Dates of termination	s (Do n	not include this termino	v	, ,		ost recent.)	ı	5		6		
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	/ed:					Compli	cation(s) of Prega	nancy 7	Termination
☐ Yes ■ I	No				■ None ☐ Uterine Perforation							Perforation
		If viable, medical						□ F	Hemorrhag	e 🔲 C	ervical	Laceration
Fetus viable? Yes I		☐ Infection ☐ Retained Products										
				— П (Other (Spec	cify)						
Pathological examin					outer (Spec	.ijy)						
performed?		If yes, results:										
■ Yes □	Did this termination of pregnancy result in a maternal de							n a maternal death?				
			ı									
				Type o	of Termin	nation Procedu	ıres					
Procedure that Term	inated	Pregnancy		J1		Additional P		that Ter	minated Pr	regnancy		
		•										
Medical (Nonsu Medical (Nonsu	ırgical)	Misoprostol				■ Medical	l (Nonsu	rgical) M	Iifepriston Iisoprostol	l		
Medical (Nonsu	ırgical)	Other (Specify)				☐ Medica	l (Nonsu	rgical) C	Other (Spec	ify)		
Medical (Surgio		ction Curettage enstrual Aspiration							on Curetta			
Medical (Surgio						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) proc	cedures, answer the fol	lowing questic	on.		For Medical (Surgical) procedures, answer the following question.						
		we a post fertilization	age at least 20	weeks?		_	_	_	a post fert	ilization age at l	east 20	weeks?
	■ No	s answered yes, compl	ata tha fallowi	na avastian		_] No	m avviama d vi	as assemblate the	fallowi	no questions
		est opportunity to surv		ng question	is.		_			es, complete the	ionowi	ng questions.
_ ~ -	No	est opportunity to surv	ive?					No	opportuni	ty to survive?		
		termination that the pr										had a condition
woman?	oceaur	re to avert death or seri	ous impairmer	nt to the pre	gnant	woman?	ea tne pro	oceaure t	o avert dea	ith or serious im	pairme	nt to the pregnant
Date last normal men	nses be	gan		Physician	n estimate	e of gestation (in weeks)	Post fe	rtilization age of	the fet	us (in weeks)
**		0/17/2017	• . •	10		12					10	
How were the gestat ULTRASOUND EX												
Full name of physici	_	-										
Address of physician	n perfoi	rming termination (nun		t, city, state,	, and zip	code)						
1201 N ARLINGTO	N AVI	E, INDIANAPOLIS,	IN 46219									
**Date Reported t	o DCS	S, if Patient under 14	4 (month, day.	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/29/2017

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					•		ncy terminatio	County of pregnancy termination MARION				
						ı						
Patient's age** 24	Marrie [d Yes • No	Date of pregnand	cy terminat /22/2017	tion	Educat			ool Diploma or GED			
Race American Indian Native Hawaiian			☐ Asian ☐ White ☐	■ Black or □ Other	r African Ame	erican	Unknown		y anic or Latino Hispanic or Latino			
Live Births:	N	umber now living	2				Number now	deceased	0			
Other Termination	s: N	umber of spontaneou					Number of in	duced termi				
Dates of termination 1. 2012		t include this termin	ation. If more than	n six (6), th	nose most rece	ent.)	5.		6			
Fetus delivered alive		If yes, length of tir	me fetus survived:	:	Complication(s) of Pregnancy Termin							
☐ Yes ■ 1	No				■ None ☐ Uterine Perforati							
E . 110		TC : 11 1: 1	· ·		Hemorrhage Cervical Laceration							
Fetus viable? Yes 1	No	If viable, medical	reason for termina	ation:		☐ Infection ☐ Retained Products						
						Other (Specify)						
Pathological examin	ation	If yes, results:						Suier (Spec				
performed?	CHODIONIC VII	I AE GESTATIO	ONAL SA									
■ Yes No CHORIONIC VILLAE, GESTATIONAL SAC						Did this termination of pregnancy result in a maternal death Yes No						
				Type of	Termination l	Procedui	res					
Procedure that Term	inated P	regnancy			Addi	tional Pr	ocedure that T	erminated P	regnancy			
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone							(Nonsurgical)					
☐ Medical (Nonsu	rgical)	Misoprostol				Medical	(Nonsurgical)	Misoprosto	1			
☐ Medical (Nonsu	irgical)	Other (Specify)				Medical (Nonsurgical) Other (Specify)						
Medical (Surgio		tion Curettage astrual Aspiration					(Surgical) Suc (Surgical) Me					
Medical (Surgio						Medical	(Surgical) Oth	er (<i>Specify</i>)	ration			
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		— — For N	Medical (Surgical) proc	edures, answ	ver the following question.			
	_	e a post fertilization		eks?	Wa	s the fetu	us viable or ha	ve a post fer	tilization age at least 20 weeks?			
☐ Yes [■ No	•				☐ Y	Yes No	-	•			
If the previous quest				questions.		•	•	•	es, complete the following questions.			
Was the fetus gives Yes		t opportunity to surv	ive?		Wa		us given the be Yes \text{No}	st opportuni	ty to survive?			
		rmination that the pr							hat the pregnant woman had a condition			
woman?	ocedure	to avert death or ser	ious impairment to	o the pregn		required man?	d the procedure	to avert dea	ath or serious impairment to the pregnant			
Date last normal me	nses beg	an	l P	Physician e	stimate of ges	station (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
	09/	24/2017			_	3			11			
How were the gestat ULTRASOUND EX	=	_	?									
021101000110 221		11011,1 22110 22										
Full name of physici	_	-										
DR. JEFFREY D. G Address of physician			mher and street o	rity state a	and zin code							
1201 N ARLINGTO	_	-		ыу, ыше, и	на гір сойс)							
**Date Reported t	o DCS,	if Patient under 1	4 (month, day, yea	ar):					_			

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Facility Name and Ad THE WOMEN'S MED CENTI INDIANAPOLIS, IN, 46219		City or town, of pregnancy termination INDIANAPOLIS					County of pregnan	cy termination ARION					
Dations to the l			D-t- C		_+:		-4: -						
Patient's age** 23	Marr	ied □ Yes ■ No	Date of pregna	ancy termin 12/22/2017		Educa	ation	н		ol Diploma or GE	D		
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	☐ Black o	or Africa	an American		nknown .	■ Not I	nnic or Latino Hispanic or Latino	Unknown		
Live Births:	-	Number now living	0				Num	nber now d	eceased	0			
Other Terminations	;: I	Number of spontaneou	s terminations				Num	nber of ind	uced termin	nations 1			
Dates of terminations 1. 2016	s (Do 1	not include this termino	*	han six (6), t		ost recent.)	1	5		6			
Fetus delivered alive	?	If yes, length of tir	ne fetus survivo	ed:					Complic	cation(s) of Pregnand	cy Termination		
☐ Yes ■ N	lo							• 1	None	☐ Uteri	ne Perforation		
									Hemorrhag	e \square Cervi	cal Laceration		
Fetus viable?													
☐ Yes ■ N					nfection	_	ned Products						
					Other (Spec	cify)							
Pathological examina performed?	If yes, results:												
■ Yes □ N	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	AC	Did this termination of pregnancy result in a maternal de							
								L 10.	, 🗀 111	<u> </u>			
				Type of	f Termii	nation Procedu	ires						
Procedure that Termi	nated	Pregnancy				Additional P	rocedu	re that Ter	minated Pr	regnancy			
☐ Medical (Nonsur ☐ Medical (Nonsur ☐ Medical (Nonsur	rgical)	Misoprostol				☐ Medical	(Nons	surgical) N	Aifepriston Aisoprostol Other (Spec				
	.g.e/	(Speedy)					(1 (011)	,urgreur,	other (Spee	957			
Medical (Surgical Medical (Surgical)		enstrual Aspiration							on Curetta strual Aspir				
Medical (Surgical						Medical (Surgical) Other (Specify)							
For Medical (Surgica	l) pro	cedures, answer the fol	lowing question	n.		For Medical	(Surgio	cal) proced	lures, answ	er the following que	estion.		
	e or ha	ave a post fertilization	age at least 20 v	weeks?				ble or have ☐ No	a post fert	ilization age at least	20 weeks?		
	_	s answered yes, compl	ete the followir	ng questions	s.	_		_	nswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		est opportunity to surv	ive?					en the best	opportunit	ry to survive?			
		stammination that the	agnant wis	had a a 1'	ition	_		_	minoti (1	hat the present t	non had a condition		
		etermination that the properties to avert death or seri								hat the pregnant wor th or serious impair	ment to the pregnant		
woman.						woman:							
Date last normal men	see ha			Physician	estimate	e of gestation (in wee	ks)	Post fo	rtilization age of the	fetus (in wooks)		
Sac last normal men		0/31/2017		1 11/3101411	- Junian	7	11661	/	1 031 10	5			
=		ge and post fertilizatio	-	ed?					•				
ULTRASOUND EXA	ATION, PELVIC EX												
Full name of physicia	-	-											
DR. JEFFREY D. G Address of physician		rming termination (nur	nber and street	t, citv. state	and zin	code)							
	-	E, INDIANAPOLIS, I		, , , , , , , , , , , , , , , , , ,	447	/							
**Date Reported to	o DC9	S, if Patient under 14	1 (month day s	vear).									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219		City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION					
Patient's age**			Date of magain	anay tamai -	nation	Educ	ation					
Patient's age** 30	Mar	ried ☐ Yes ■ No	Date of pregna	ancy termin 1 2/22/2017		Educ	ation		Asso	ociate Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black	or Africa	an American		nknown ber now d	■ Not I	y anic or Latino Hispanic or Latino	Unknown	
Live Births:			3							0		
Other Termination	s:	Number of spontaneou	s terminations 1			Number of induced terminations 1						
Dates of termination 2012	s (Do	not include this termine , 2016	ation. If more th	han six (6),	those mo	ost recent.)						
Fetus delivered alive	.?	If yes, length of tir	ne fetus survivo	ed:		4 5 6 Complication(s) of Pregnancy Termi						
☐ Yes ■ I		in yes, rengan or an	110 10100 501 111	-			ne Perforation					
Fetus viable?		If viable, medical	reason for term	ination:		Hemorrhage Cervical Laceration						
☐ Yes ■ I				L I	nfection	☐ Retain	ned Products					
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes 🗆	No	CHORIONIC VIL	LAE, GESTA	TIONAL S	Did this termination of pregnancy result in a material d							
							☐ Ye	s 🔳 No	0			
				Type o	of Termin	nation Proced	ıres					
Procedure that Term	inated	Pregnancy				Additional I	rocedur	e that Ter	minated Pr	regnancy		
Medical (Nonsu									/lifepriston			
☐ Medical (Nonsu ☐ Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)							Aisoprostol Other (<i>Spec</i>			
Medical (Surgional)	(a1) C	vation Cumattaga					1 (Cymri	aal) Cuati	on Curetta	~~		
Medical (Surgio	al) M	Ienstrual Aspiration					l (Surgio	cal) Mens	strual Aspi			
☐ Medical (Surgio	al) O	ther (Specify)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing question	n.		For Medical	(Surgic	al) proced	lures, answ	er the following que	estion.	
	_	ave a post fertilization	age at least 20 v	weeks?					a post fert	tilization age at least	20 weeks?	
	■ No					_	Yes [_				
If the previous quest	ion wa	as answered yes, compl	ete the following	ng questions	S.	•	•		·	es, complete the follo	owing questions.	
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?			_	tus give Yes [_	opportunit	ty to survive?		
What was the basis	s for d	etermination that the pr	egnant woman	had a condi	ition	What was	the basis	s for deter	mination t	hat the pregnant wor	nan had a condition	
that required the pr		re to avert death or seri				that requir				ath or serious impair		
woman?						woman?						
D : 1 : .				DI · ·		6	· -					
Date last normal men		egan 0/26/2017		Physician	estimate	e of gestation 9	ın week	ts)	Post fe	ertilization age of the	retus (in weeks)	
How were the gestat		age and post fertilizatio	n age determin	ed?								
ULTRASOUND EX	IATION, PELVIC EX											
Full name of physici DR. JEFFREY D. G	-	-										
		orming termination (nur	nber and street	t, city, state,	and zip	code)						
1201 N ARLINGTO	N AV	E, INDIANAPOLIS, I	N 46219									
**Date Reported t	o DC	S, if Patient under 14	l (month, day, y	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Reports for all other patients shall be submitted to the Indiana State Department of Health <u>no later than July 30 for each termination performed in the first six (6) months of that year</u> and <u>no later than January 30 for each termination performed for the last six (6) months of the preceding year</u>. Each failure to file this report on time as required is a Class B misdemeanor per IC 16-34-2-5(b).

Facility Name and Address
THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, City or town, of pregnancy termination County of pregnancy termination INDIANAPOLIS, IN, 46219 INDIANAPOLIS MARION Patient's age** Date of pregnancy termination Education Married 31 Yes No 12/22/2017 9th-12th, No Diploma Ethnicity ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander Asian
White ☐ Black or African American ☐ Other Hispanic or Latino
Not Hispanic or Latino ■ Unknown Unknown Number now living Number now deceased Live Births: 0 Number of induced terminations Number of spontaneous terminations **Other Terminations:** 0 Dates of terminations (Do not include this termination. If more than six (6), those most recent.) _{2.} **2014** 2010 Complication(s) of Pregnancy Termination Fetus delivered alive? If yes, length of time fetus survived: ☐ Yes ■ No None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration Fetus viable? If viable, medical reason for termination: ☐ Yes ■ No ☐ Infection □ Retained Products ☐ Other (Specify) Pathological examination If yes, results: performed? **CHORIONIC VILLAE, GESTATIONAL SAC** ■ Yes □ No <u>Did</u> this termination of pregnancy result in a maternal death? Yes No Type of Termination Procedures Additional Procedure that Terminated Pregnancy Procedure that Terminated Pregnancy ☐ Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Menstrual Aspi
☐ Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ■ No Yes No If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? ☐ Yes ☐ No ☐ Yes ☐ No What was the basis for determination that the pregnant woman had a condition What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant that required the procedure to avert death or serious impairment to the pregnant woman? woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 10/28/2017 6 How were the gestational age and post fertilization age determined? **ULTRASOUND EXAMINATION, PELVIC EXAMINATION** Full name of physician performing termination DR. JEFFREY D. GLAZER Address of physician performing termination (number and street, city, state, and zip code) 1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219 **Date Reported to DCS, if Patient under 14 (month, day, year): _

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/29/2017

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Facility Name and Addres THE WOMEN'S MED CENTER OF INDIANAPOLIS, IN, 46219		LINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION								
Patient's age** Mar	:	Date of pregnancy term	nination	Educat	tion			1			
20 Mai	rried Yes No	12/22/20		Educa	non	Some Co	ollege, No Degree				
Race American Indian or A Native Hawaiian or O		☐ Asian ■ Blac ☐ White ☐ Oth	ck or African A	American	Unknown		y anic or Latino Hispanic or Latino	Unknown			
Live Births:	Number now living	0			Number now	deceased	0				
Other Terminations:	Number of spontaneou	s terminations 0			Number of in	duced termi	inations 0				
Dates of terminations (Do		,	(i), those most	recent.)							
1		31	4		5.	Compli	cation(s) of Pregnanc	v Termination			
Fetus delivered alive? ☐ Yes ■ No	If yes, length of tir	ne tetus survived:				None	_	ne Perforation			
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	_	cal Laceration			
☐ Yes ■ No						Infection	∐ Retair	ned Products			
						Other (Spec	cify)				
Pathological examination performed?	If yes, results:										
■ Yes □ No	CHORIONIC VIL	LAE, GESTATIONAL	SAC					lt in a maternal death?			
					Y	es 🔳 N	0				
		Trans	e of Terminati	on Procedur	*PC						
December of all all	d Durana	тур									
Procedure that Terminated	•		A		ocedure that To						
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica					(Nonsurgical) (Nonsurgical)						
Medical (Nonsurgica				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) S			_		(Surgical) Suc						
☐ Medical (Surgical) Medical (Surgical) ((Surgical) Me (Surgical) Oth						
For Medical (Surgical) pr	ocedures answer the fol	lowing question		or Medical (Surgical) proc	edures answ	ver the following que	 stion			
Was the fetus viable or l							tilization age at least				
Yes N		age at least 20 weeks:			res No	e a post ter	tilization age at least	20 weeks:			
If the previous question w	vas answered yes, compl	ete the following question	ons. If	the previou	s question was	answered y	es, complete the follo	owing questions.			
Was the fetus given the	best opportunity to surv	ive?	,	Was the fetu	us given the be	st opportuni	ty to survive?				
☐ Yes ☐ No	0				Yes No						
What was the basis for countries that required the procedured							that the pregnant won ath or serious impairs				
woman?	are to avert dealir or seri	ous impuniment to the p	_	woman?	a are procedure	to avert de	an or serious impuni	none to the pregnant			
Date last normal menses b	•	Physici	an estimate of	_	n weeks)	Post fe	ertilization age of the	fetus (in weeks)			
How were the gestational	10/17/2017	n age determined?		10			8				
ULTRASOUND EXAMI		=									
Full name of physician pe	ZER										
Address of physician perf 1201 N ARLINGTON A	-		te, and zip cod	le)							
1201 II AILLINGTON A	TE, INDIANAFOLIS, I										
**Date Reported to DO	CS, if Patient under 14	(month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/29/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

	TER OF	S INDIANAPOLIS - 1201 N AR	LINGTON AVE,	City		ancy termination	County of pregna	nncy termination
INDIANAPOLIS, IN, 46219					INDIA	NAFULIS	N	NOIN
Patient's age** 32	Mar	ried No		ancy termination	Educa		igh School Diploma or G	ED
Race American Indian Native Hawaiian			Asian White	■ Black or Af	rican American	Unknown	Ethnicity ☐ Hispanic or Latino ■ Not Hispanic or Latino	☐ Unknown
Live Births:		Number now living	2			Number now d	eceased 0	
Other Termination	ıs:	Number of spontaneou	s terminations			Number of indu	uced terminations	
	is (Do	not include this termino		han six (6), those		5	6	
Fetus delivered alive		If yes, length of tir					Complication(s) of Pregnat	
							_	rine Perforation
Fetus viable?		If viable, medical i	eason for term	nination:			Hemorrhage	vical Laceration
☐ Yes ■	No						nfection Reta	ained Products
							Other (Specify)	
Pathological examin performed?	ation	If yes, results:						
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL SAC		Did this	s termination of pregnancy res	sult in a maternal death?
				Type of Terr	mination Procedu			
Procedure that Term	inated	Pregnancy			Additional P	rocedure that Ter	minated Pregnancy	
☐ Medical (Nonsu ☐ Medical (Nonsu					☐ Medical	(Nonsurgical) M (Nonsurgical) M	lifepristone lisoprostol	
Medical (Nonsu	ırgical	Other (Specify)			Medical	(Nonsurgical)	Other (Specify)	
Medical (Surgio						(Surgical) Sucti		
☐ Medical (Surgion Med		lenstrual Aspiration ther (Specify)				(Surgical) Mens (Surgical) Other		
For Medical (Surgic	al) pro	cedures, answer the fol	lowing questic	on.	For Medical	(Surgical) proced	ures, answer the following qu	uestion.
Was the fetus viab		ave a post fertilization	age at least 20	weeks?		tus viable or have Yes 🔲 No	a post fertilization age at least	st 20 weeks?
If the previous quest	ion wa	as answered yes, compl	ete the following	ng questions.	If the previous	us question was a	nswered yes, complete the fo	llowing questions.
Was the fetus give		est opportunity to surv	ive?			tus given the best Yes	opportunity to survive?	
		etermination that the pr					mination that the pregnant we	
woman?	roceau	re to avert death or seri	ous impairmer	it to the pregnant	woman?	ed the procedure t	o avert death or serious impa	irment to the pregnant
Date last normal me	ncec L	egan		Physician activ	nate of gestation (in weeks)	Post fertilization age of the	ne fetus (in waaks)
Date last nonnai me		egan 0/10/2017		i nysician estin	ate of gestation (ш шеекѕ)	Post fertilization age of tr	
		and post fertilization		ed?				
ULTRASOUND EX	AMIN	IATION, PELVIC EX	AMINATION					
Full name of physici	_	-						
	-	orming termination (nun		t, city, state, and	zip code)			
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/29/2017

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Facility Name and Addre THE WOMEN'S MED CENTER O INDIANAPOLIS, IN, 46219		LINGTON AVE,	City or to	own, of pregna	cy termination			
Patient's age** Ma		Date of pregnancy terr	nination	Educat	tion			
26 Ma	rried Yes No	12/22/20		Educa		ligh Scho	ool Diploma or GE	D
Race American Indian or A Native Hawaiian or O		☐ Asian ☐ Bla ■ White ☐ Oth		an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown
Live Births:	Number now living	0			Number now o	deceased	0	
Other Terminations:	Number of spontaneou	s terminations 0			Number of inc	luced termi	nations 0	
Dates of terminations (Do		,	6), those mo	ost recent.)				
1		31.	4	1	5	Complie	cation(s) of Pregnanc	v Termination
Fetus delivered alive? ☐ Yes ■ No	If yes, length of tin	ne ietus survived:				None	_	ne Perforation
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	_	cal Laceration
☐ Yes ■ No						Infection	∐ Retair	ned Products
						Other (Spec	cify)	
Pathological examination performed?	If yes, results:							
■ Yes □ No	CHORIONIC VIL	LAE, GESTATIONAL	SAC					It in a maternal death?
					☐ Ye	es 🔳 N	0	
		Тель	e of Tarmin	nation Procedur	*AC			
December of the	d D.,	Тур	o i tellilli					
Procedure that Terminate					ocedure that Te			
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica					(Nonsurgical) I (Nonsurgical) I			
Medical (Nonsurgica					(Nonsurgical)			
Medical (Surgical) S					(Surgical) Suct			
☐ Medical (Surgical) Medical (Surgical)					(Surgical) Men (Surgical) Othe			
For Medical (Surgical) pr	ocedures answer the fol	lowing question		For Medical (Surgical) proce	dures ansu	ver the following que	stion
							tilization age at least	
Yes N	have a post fertilization o	age at least 20 weeks?			res No	e a post teri	unization age at least	20 weeks?
If the previous question w	vas answered yes, compl	ete the following questi	ons.	If the previou	s question was a	answered ye	es, complete the follo	owing questions.
Was the fetus given the	best opportunity to surv	ive?		Was the fetu	us given the bes	t opportuni	ty to survive?	
☐ Yes ☐ N	0			□ Y	res No			
	determination that the pr ure to avert death or seri						hat the pregnant won ath or serious impairr	
woman?	ure to avert death of sen	ous impairment to the p	леднан	woman?	a the procedure	to avert dea	atir or serious impairi	nent to the pregnant
Date last normal menses	•	Physic	ian estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)
How were the gestational	11/01/2017	n age determined?		7			5	
ULTRASOUND EXAMI		=						
Full name of physician pe DR. JEFFREY D. GLAZ	ZER							
Address of physician perf	-		ate, and zip	code)				
1201 IT AILLINGTON A	TE, INDIANAFOLIS,							
**Date Reported to D0	CS, if Patient under 14	4 (month, day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/29/2017

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	TER OF	S INDIANAPOLIS - 1201 N AR	LINGTON AVE,	City o		ancy termination	County of pregnancy t	
INDIANAPOLIS, IN, 46219					INDIAI	NAFULIO	IMARI	UIN
Patient's age** 32	Mar	ried No		ancy termination	Educa		igh School Diploma or GED	
Race American Indian Native Hawaiian			Asian White	Black or Afr	rican American	Unknown	Ethnicity ☐ Hispanic or Latino ■ Not Hispanic or Latino	Unknown
Live Births:		Number now living	2			Number now d	eceased 0	
Other Termination	s:	Number of spontaneou	s terminations			Number of ind	uced terminations	
0000	is (Do	not include this termino 2. 2007		han six (6), those		5	6	
Fetus delivered alive		If yes, length of tir					Complication(s) of Pregnancy T	ermination
	. 10					1	None Uterine F	erforation
Fetus viable?		If viable, medical i	reason for term	ination:			Hemorrhage	Laceration
☐ Yes ■	No					_ I	nfection Retained	Products
							Other (Specify)	
Pathological examin performed?	ation	If yes, results:						
Yes	No	CHORIONIC VIL	LAE, GESTA	TIONAL SAC		Did this	s termination of pregnancy result in	a maternal death?
				Type of Terr	nination Procedu	res		
Procedure that Term	inoto-	Pregnancy		Type of Tell			minated Pregnancy	
		•						
Medical (Nonsu Medical (Nonsu Medical (Nonsu	ırgical				☐ Medical	(Nonsurgical) N (Nonsurgical) N (Nonsurgical) C	Iisoprostol	
		uction Curettage Ienstrual Aspiration				(Surgical) Sucti		
Medical (Surgio						(Surgical) Other		
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing questio	n.	For Medical	(Surgical) proceed	dures, answer the following question	n.
Was the fetus viab		ave a post fertilization	age at least 20	weeks?		tus viable or have Yes \[\] No	a post fertilization age at least 20	weeks?
If the previous quest	ion wa	as answered yes, compl	ete the following	ng questions.	If the previou	us question was a	nswered yes, complete the following	ng questions.
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?			tus given the best Yes \(\Boxed{\text{No}}\) No	opportunity to survive?	
		etermination that the pr ire to avert death or seri					mination that the pregnant woman o avert death or serious impairmen	
Date last normal me	nses b	egan		Physician estim	ate of gestation (in weeks)	Post fertilization age of the fett	ıs (in weeks)
	1	0/21/2017			10	,	8	(· · · · · · · · · · · · · · · · · · ·
		age and post fertilization IATION, PELVIC EXA		ed?				
Full name of physici	SLAZ	ER						
	-	orming termination (num E, INDIANAPOLIS, I		t, city, state, and z	ip code)			
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/29/2017

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF	S Indianapolis - 1201 n ar	RLINGTON AVE,	City or tow	wn, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION						
Patient's age**	Mar		Date of pregnancy term	ination	Educat	tion					
30 Race		☐ Yes ■ No	12/22/20	17				Asso Ethnicity	ociate Degree		
American Indian Native Hawaiian			Asian Blac White Other	k or African A	American		known	☐ Hispa ■ Not I	y anic or Latino Hispanic or Latin	0	Unknown
Live Births:		Number now living	2			Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	us terminations 0			Numb	er of ind	uced termi	nations 1		
Dates of termination 1. 2011	s (Do		ation. If more than six (6		recent.)		5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:					Compli	cation(s) of Pregr	ancy T	ermination
Yes •	INO							None	☐ U	terine I	Perforation
Fetus viable?		If viable medical	reason for termination:				□ I	Hemorrhag	ge 🗌 Co	ervical	Laceration
Yes •	No	ii viable, illedical	reason for termination.				□ I	nfection	☐ R	etained	Products
				П	Other (Spec	cify)					
Pathological examin	Pathological examination If yes, results:							. 1			
performed?	performed?						D:1.1:			1. 1	11.10
∐ Yes ■		Did this termination of pregnancy result in a materr ☐ Yes ■ No									
			Туре	of Terminati	on Procedu	es					
Procedure that Term	inated	Pregnancy		A	dditional Pr	ocedure	that Ter	minated Pr	regnancy		
Medical (Nonsu		•						/lifepriston			
Medical (Nonsu	ırgical) Misoprostol			Medical	(Nonsu	rgical) N	/lisoprostol	1		
	irgicai) Other (Specify)			_ Medicai	(INOIISU	igicai) C	Other (Spec	uy)		
		uction Curettage Ienstrual Aspiration						on Curetta strual Aspi			
Medical (Surgio								r (Specify)			
For Medical (Surgic	al) pro	ocedures, answer the fo	llowing question.		or Medical (Surgica	l) proced	lures, answ	ver the following	questic	n.
Was the fetus viab	le or h	ave a post fertilization	age at least 20 weeks?		Was the fetu	us viable	e or have		tilization age at le	_	
Yes [_		lete the following question	ons. If	_	Yes _ s questi	_	nswered v	es, complete the	followi	ng questions.
Was the fetus give	n the l	pest opportunity to surv	• •		Was the fetu	us given	the best		ty to survive?		J. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
☐ Yes [☐ No				<u> </u>	Yes [] No				
			regnant woman had a con ious impairment to the pr						hat the pregnant ath or serious imp		had a condition at to the pregnant
woman?		and a second of second			woman?	pro			Jerrous mil		Program
Date last normal me	nses b	egan	Physicia	an estimate of	gestation (i	n weeks	')	Post fe	ertilization age of	the fet	us (in weeks)
How were d		1/04/2017	on aga datain- 10		5					3	
ULTRASOUND EX		age and post fertilization	on age determined?								
Full name of physici	ian per	forming termination									
DR. JEFFREY D. G			1 1		1)						
	-	orming termination (nu. YE, INDIANAPOLIS,	mber and street, city, stat	e, and zip cod	ae)						
**Date Reported t	to DC	S, if Patient under 1	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CEN INDIANAPOLIS, IN, 46219	TER OF	INDIANAPOLIS - 1201 N ARI	LINGTON AVE,	Ci	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION				•			
Patient's age**	Marr	ied	Date of pregn	nancy terminati	ion	Educa	tion					
19	Marr	Yes No		12/22/2017	1011	Educa	uon	Hi		ol Diploma or	GED)
Race American Indian Native Hawaiian			Asian White	☐ Black or ☐ Other	Africa	an American	☐ Unknow		Not I	/ anic or Latino Hispanic or Latir	10	Unknown
Live Births:		Number now living	0				Number no	w de	eceased	0		
Other Termination	ıs:	Number of spontaneou	s terminations 0				Number of	indu	ced termi	nations 0		
Dates of termination	is (Do i	not include this termina	v	, ,		,						
Fetus delivered alive	-?	If yes, length of tir		red:		4		5	Complic	cation(s) of Preg	nancy	Termination
☐ Yes ■		12 7 22, 222 822 22					[ı N	one	□ t	Iterine	e Perforation
								_	emorrhag	— e П С	ervic	al Laceration
Fetus viable? Yes	No	If viable, medical i	reason for term	nination:					nfection			ed Products
					ther (Spec	_	cum	za i rodacis				
Pathological examin	ation	If yes, results:						_	ulei (spec	ujy)		
performed?		CHORIONIC VIL	I AE GESTA	TIONAL SAC	r							
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL SA	C			this Yes			result	t in a maternal death?
				Type of T	Termiı	nation Procedur	res					
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that	Terr	ninated Pr	regnancy		
☐ Medical (Nonsu	urgical	Mifepristone				☐ Medical	(Nonsurgical	1) M	ifepriston	e		
Medical (Nonsu		Misoprostol Other (Specify)					(Nonsurgical	1) M	isoprosto	[
	argivar,	(Specify)					(1 tollouigion	., 0	arer (spec	937		
Medical (Surgional Control Contro	ool) C u	vation Curattaga					(Surgical) S	hotic	n Curatta			
☐ Medical (Surgio	cal) M	enstrual Aspiration				Medical	(Surgical) N	/lens	trual Aspi			
Medical (Surgio	cal) O	ther (Specify)				☐ Medical	(Surgical) C	Ither	(Specify)			
												_
For Medical (Surgic	al) pro	cedures, answer the fol	lowing questic	on.		For Medical ((Surgical) pro	oced	ures, answ	er the following	ques	tion.
Was the fetus viab ☐ Yes [le or ha	ave a post fertilization a	age at least 20	weeks?			us viable or h Yes 🔲 No		a post fert	tilization age at l	east 2	0 weeks?
If the previous quest	tion wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s question w	as ar	iswered v	es, complete the	follov	wing questions.
		est opportunity to survi		8 1		•			•	ty to survive?		& 1
	☐ No	est opportunity to survi	ive.				Yes No		оррогин	ly to survive.		
		etermination that the pro-										an had a condition
woman?	roceau	re to avert death or seri	ous impairmer	it to the pregna	ant	woman?	a tne proceat	are to	avert dea	ith or serious im	pairm	ent to the pregnant
Date last normal me		-		Physician es	stimate	e of gestation (i	n weeks)		Post fe	rtilization age of	f the f	etus (in weeks)
How were the gestat		ge and post fertilization	n age determin	ped?		6					4	
_		ATION, PELVIC EXA	_	ieu :								
Full name of physicion												
	-	rming termination (num		t, city, state, ar	nd zip	code)						
1201 N ARLINGTO	ON AV	E, INDIANAPOLIS, I	N 46219									
**Date Reported t	to DC	S, if Patient under 14	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/29/2017

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	Ci	ity or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION					
						1				
Patient's age** 33	Marrie	ed Yes • No	Date of pregnancy	y terminati 22/2017	ion	Educa	tion	T =		elor's Degree
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	Asian White	Black or Other	African Am	erican		known	Not H	nic or Latino ispanic or Latino Unknown
Live Births:	N	umber now living	1				Numb	er now decea	ased	0
Other Termination	ъ.	umber of spontaneou	s terminations 0				Numb	er of induced	l termin	-
Dates of termination 1. 2015	s (Do no	ot include this termin	ation. If more than a	six (6), the	ose most rece	ent.)		5		6
Fetus delivered alive		If yes, length of tin	me fetus survived:					_	•	ation(s) of Pregnancy Termination
								■ None		Uterine Perforation
Fetus viable?		If viable, medical	reason for terminati	ion:				пеш	orrhage	Cervical Laceration
☐ Yes ■ I					☐ Infec		Retained Products			
Pathological examin	ation	If yes, results:						☐ Otne	r (Speci	(Ty)
performed? • Yes	No	CHORIONIC VIL	LAE, GESTATIO	NAL SA	C			Did 41:- 4		
i les	NO								I No	n of pregnancy result in a maternal death
				Type of T	Termination 1					
Procedure that Term								that Termina		
Medical (Nonsu Medical (Nonsu Medical (Nonsu	ırgical)	Misoprostol				Medical	(Nonsu	rgical) Mifer rgical) Misor rgical) Other	prostol	
Medical (Surgion Medical (Surgio	cal) Mer	nstrual Aspiration				Medical	(Surgic	al) Suction C al) Menstrua al) Other (Sp	ıl Aspira	
For Medical (Surgical	al) proce	edures, answer the fol	llowing question.		 For N	Medical (Surgica	al) procedures	s, answe	er the following question.
Was the fetus viabl ☐ Yes [ve a post fertilization	age at least 20 weel	ks?	Wa		us viabl Yes [ost ferti	lization age at least 20 weeks?
If the previous quest	ion was	answered yes, compl	ete the following qu	uestions.	If the	e previou	s questi	ion was answ	ered yes	s, complete the following questions.
Was the fetus given Yes		st opportunity to surv	ive?		Wa		us given Yes [the best opp No	ortunity	y to survive?
		ermination that the pre- to avert death or seri			ant that					at the pregnant woman had a condition the or serious impairment to the pregnant
Date last normal men	_	an (01/2017	Ph	nysician es	stimate of ges	station (i	n weeks	s) 1	Post fer	tilization age of the fetus (in weeks)
How were the gestat ULTRASOUND EX	ional ag	e and post fertilizatio	=					I		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Full name of physici DR. JEFFREY D. G	SLAZEF	₹								
Address of physician 1201 N ARLINGTO	_	-		y, state, ar	nd zip code)					
		·								
**Date Reported t	to DCS,	, if Patient under 14	4 (month, day, year	·):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/30/2017

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	ILLVILLE - 8645 CONNEC	CTICUT STREET,		City or to	City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE						
Patient's age** 30	Marrie [d ☐ Yes ■ No	Date of pregna	ancy term 12/27/201		Educa	tion		chelor's Deg	ıree		
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		n American	Un		ity panic or Latin t Hispanic or I		☐ Unknown	
Live Births:	N	umber now living	2				Numb	er now deceased	0			
Other Termination	s.	umber of spontaneou	is terminations				Numb	er of induced terr				
Dates of termination 1. UNKNOWN	s (Do no	t include this termin	ation. If more th	nan six (6)	, those mo	st recent.)		5		6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Comp	lication(s) of I	Pregnancy '	Termination	
	110							None None		_	Perforation	
Fetus viable?		If viable, medical	reason for term	ination:				Hemorrh	ige [] Cervica	1 Laceration	
☐ Yes ■ I	No							☐ Infection] Retained	d Products	
					Other (Sp	ecify)						
Pathological examin performed?	If yes, results:											
Yes ■ No Did this termination of pregnancy result in a maternal deat Yes ■ No									in a maternal death?			
				Туре	of Termin	ation Procedur	es					
Procedure that Term	inated P	regnancy				Additional Pr	ocedure	that Terminated	Pregnancy			
Medical (NonsuMedical (NonsuMedical (Nonsu	rgical)	Misoprostol				Medical	(Nonsu	rgical) Mifepristorgical) Misopros rgical) Other (Sp	ol			
		(~F					(-8 (~F				
Medical (Surgio		tion Curettage						al) Suction Curet				
Medical (Surgio						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) proce	dures, answer the fo	llowing question	n.		For Medical (Surgica	al) procedures, and	swer the follow	wing questi	on.	
Was the fetus viabl ☐ Yes [_	e a post fertilization	age at least 20 v	weeks?			us viabl Yes [e or have a post for No	ertilization age	e at least 20) weeks?	
If the previous quest	ion was	answered yes, compl	lete the followin	ng question	ns.	If the previou	s questi	on was answered	yes, complete	the follow	ing questions.	
Was the fetus given Yes		st opportunity to surv	rive?				us given Yes [the best opportu No	nity to survive	?		
		ermination that the protocol to avert death or seri									n had a condition ent to the pregnant	
Date last normal men	_			Physicia	n estimate	of gestation (i	n weeks	s) Post	fertilization ag	_	etus (in weeks)	
How were the gestat		23/2017 e and post fertilization	n age determine	ed?		9				7		
ULTRASOUND												
Full name of physici	_	rming termination										
Address of physician		ning termination (num	mber and street	, city, stat	e, and zip o	code)						
8645 CONNECTIC	UT STR	EET, MERRILLVI	LLE, IN 46410)								
**Date Reported t	o DCS,	if Patient under 1	4 (month, day, y	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/30/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	ddres	S RRILLVILLE - 8645 CONNECT	ICUT STREET,	City or	town, of pregna	County of pregnancy termination LAKE		
		•						
Patient's age** 25	Mar	ried Yes No	Date of pregnancy 12/27	termination 7/2017	Educa			l Diploma or GED
Race American Indian Native Hawaiian		her Pacific Islander	= =	Black or Afric Other	can American	Unknown	Not Hi	nic or Latino Unknown
Live Births:		Number now living	0			Number now de		0
Other Terminations	s:	Number of spontaneous	terminations 0			Number of indu	aced termina	ations 0
Dates of terminations	s (Do	not include this terminat	tion. If more than s	ix (6), those m	nost recent.)	•		
1		2	3		4	5	Complica	tion(s) of Pregnancy Termination
Fetus delivered alive		If yes, length of tim	e tetus survived:				_	
						■ N		Uterine Perforation
Fetus viable?		If viable, medical re	eason for termination	on:		L H	Iemorrhage	Cervical Laceration
☐ Yes ■ N	No					☐ Iı	nfection	☐ Retained Products
							Other (Specij	fy)
Pathological examina	ation	If yes, results:						
performed?	No					Did this	termination	n of pregnancy result in a maternal death?
						☐ Yes		
				Type of Term	ination Procedu	res		
Procedure that Termi	inated	l Pregnancy			Additional Pr	rocedure that Teri	minated Pre	gnancy
■ Medical (Nonsu	rgica	l) Mifepristone			☐ Medical	(Nonsurgical) M	lifepristone	
Medical (Nonsu		Misoprostol Other (Specify)				(Nonsurgical) M (Nonsurgical) O		v)
- Medicar (Fronsa	igica	y Guier (speegy)			Wiedicar	(rtonsargicar)	ther (speed)	<i>,,</i>
☐ Medical (Surgic☐ Medical (Surgic☐ Medical (Surgic☐)		uction Curettage Ienstrual Aspiration			☐ Medical ☐ Medical	(Surgical) Suction (Surgical) Mens	on Curettago trual Aspira	e ation
☐ Medical (Surgic	al) C	other (Specify)			☐ Medical	(Surgical) Other	(Specify)	
For Medical (Surgica	al) pro	ocedures, answer the follo	owing question.		For Medical	(Surgical) proced	ures, answe	r the following question.
Was the fetus viabl	e or h	ave a post fertilization a	ge at least 20 weeks	s?	Was the fet	us viable or have	a post fertil	lization age at least 20 weeks?
☐ Yes ☐] No)				Yes No		
If the previous questi	ion w	as answered yes, comple	te the following qu	estions.	If the previou	is question was ai	nswered yes	s, complete the following questions.
		pest opportunity to surviv	ve?			us given the best	opportunity	to survive?
☐ Yes ☐					_	_		
		etermination that the pre are to avert death or serio						at the pregnant woman had a condition h or serious impairment to the pregnant
woman?			•		woman?	•		
					1			
Date last normal mer			Phy	sician estima	te of gestation (in weeks)	Post fert	tilization age of the fetus (in weeks)
How were the gestati		0/25/2017 age and post fertilization	age determined?		8		1	6
ULTRASOUND	wiidl	ase and post termization	ugo determined:					
Full name of physicia		rforming termination						
Address of physician	perf	orming termination (num		, state, and zip	o code)			
30-0 30111201100	J 1 J	, WENNEL VIL	, 70710					
**Date Reported to	o DC	S, if Patient under 14	(month, day, year)	:				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410					City or town, of pregnancy termination MERRILLVILLE					County of pregnancy termination LAKE	
Patient's age** 26	Mar	ried Yes No	Date of pregna	ancy terminati 12/27/2017	ion	Educa	tion	;		ollege, No Degree	
Race American Indian Native Hawaiian		ner Pacific Islander	Asian White	☐ Black or ☐ Other	Africa	an American	☐ Unkno	own		unic or Latino Hispanic or Latino	
Live Births:		Number now living	2				Number 1	now de	eceased	0	
Other Terminations	::	Number of spontaneou					Number	of indu	ced termin	nations	_
Dates of terminations UNKNOWN	s (Do	not include this termina	ttion. If more th	han six (6), the	ose mo	ost recent.)		5.		1	
Fetus delivered alive	?	If yes, length of tin		ed·		*		J	Complic	ration(s) of Pregnancy Termination	
☐ Yes ■ N		12 7 23, 1228 22 22						■ N	one	☐ Uterine Perforation	
Fetus viable?		If viable, medical r	eason for term	ination:				Ц Н	emorrhage	e Cervical Laceration	
☐ Yes ■ N	No.							☐ Ir	fection	☐ Retained Products	
									ther (Spec	rify)	
Pathological examina	ation	If yes, results:									
performed?	. T						_				
☐ Yes ■ 1	NO							oid this Yes		on of pregnancy result in a maternal death	'
		1					_			_	
				Type of T	Гегтіг	nation Procedur	res				
Procedure that Tormi	notod	Dragnanay		<u>, , , , , , , , , , , , , , , , , , , </u>				ot Torr	ninatad Dr	agnanay	
Procedure that Termi	nated	Pregnancy				Additional Pr	rocedure in	at Terr	ninated Pr	egnancy	
Medical (Nonsu: Medical (Nonsu:							(Nonsurgio				
		Other (Specify)					(Nonsurgio				
Madical (Sympic	a1) C	vation Cumattage				☐ Madical	(Surgical)	Custic	m Cumatta		
	al) N	lenstrual Aspiration				■ Medical	(Surgical)	Mens	trual Aspir		
☐ Medical (Surgical)	al) C	ther (Specify)				☐ Medical	(Surgical)	Other	(Specify)		
For Medical (Surgica	ıl) pro	cedures, answer the fol	lowing question	n.		For Medical ((Surgical) p	proced	ures, answ	er the following question.	
Was the fetus viable ☐ Yes ■		ave a post fertilization a	age at least 20 v	weeks?					a post ferti	ilization age at least 20 weeks?	
	_	as answered yes, comple	ete the followir	ng auestions.		_	Yes		iswered ve	es, complete the following questions.	
• •		est opportunity to survi		ng questions.		-	•		·	y to survive?	
☐ Yes ☐							Yes 🗌 1				
		etermination that the pro re to avert death or seri-								nat the pregnant woman had a condition th or serious impairment to the pregnant	
woman?	occur	ie to avert death of sens	ous impairmen	it to the pregna	anı	woman?	d the proce	aure n	avert dea	an or serious impairment to the pregnant	
Date last normal men	ises b	egan		Physician es	stimate	e of gestation (i	in weeks)		Post fer	rtilization age of the fetus (in weeks)	
	U	NKNOWN				9				7	
How were the gestati ULTRASOUND	onal	age and post fertilization	n age determin	ed?							
											_
Full name of physicia DR. MANDY GITTL	_	forming termination									
		orming termination (nun	nber and street	t, city, state, ar	nd zip	code)					
8645 CONNECTICU	JT S	TREET, MERRILLVIL	LE, IN 46410)							
**Date Reported to	o DC	S, if Patient under 14	(month, day, y	year):						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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		RRILLVILLE - 8645 CONNEC	TICUT STREET,	City		ancy termination	County of pregnancy termination	
MERRILLVILLE, IN, 46410					WIERK	v L_L_L	LANE	
Patient's age** 24	Mar	ied Yes No		ancy termination	Educ		ligh School Diploma or GED	
Race American Indian Native Hawaiian			Asian White	☐ Black or Afr	rican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino Unknow	vn
Live Births:		Number now living	0			Number now d	leceased 0	
Other Terminations	s:	Number of spontaneou	s terminations			Number of ind	uced terminations 0	
		not include this termina					6	
Fetus delivered alive		If yes, length of tim			4	5	Complication(s) of Pregnancy Termination	_
☐ Yes ■ N	No	3 11, 12 3 , 11					None Uterine Perforation	
							Hemorrhage	
Fetus viable?		If viable, medical r	reason for term	ination:			_	
☐ Yes ■ N	NO						Infection Retained Products	
							Other (Specify)	
Pathological examina performed?	ation	If yes, results:						
☐ Yes ■ 1	No						s termination of pregnancy result in a maternal of	death?
						☐ Ye	s No	
				Type of Terr	nination Procedu	ıres		
Procedure that Termi	inated	Pregnancy			Additional P	rocedure that Ter	minated Pregnancy	
☐ Medical (Nonsu		•				l (Nonsurgical) N		
☐ Medical (Nonsu	rgical) Misoprostol			☐ Medica	(Nonsurgical) N	Misoprostol	
Medical (Nonsu	rgical	Other (Specify)			☐ Medica	(Nonsurgical)	Other (Specify)	
Medical (Surgic		enstrual Aspiration				l (Surgical) Sucti		
Medical (Surgic						l (Surgical) Othe		
For Medical (Surgica	ıl) pro	cedures, answer the fol	lowing question	n.	For Medical	(Surgical) proceed	dures, answer the following question.	
Was the fetus viabl ☐ Yes •		ave a post fertilization a	age at least 20	weeks?		tus viable or have Yes No	e a post fertilization age at least 20 weeks?	
If the previous questi	on wa	s answered yes, comple	ete the followi	ng questions.	If the previo	us question was a	unswered yes, complete the following questions.	
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?			tus given the best Yes	opportunity to survive?	
		etermination that the pro	egnant woman	had a condition	_	_	rmination that the pregnant woman had a condit	ion
		re to avert death or serie					to avert death or serious impairment to the pregr	
woman:					woman:			
Date last normal men	ises h	egan		Physician estim	ate of gestation ((in weeks)	Post fertilization age of the fetus (in weeks)	
	1	1/01/2017		-	8		6	
How were the gestati	onal a	ige and post fertilization	n age determin	ed?				
ULTRASOUND								
Full name of physicia DR. MANDY GITTL		forming termination						
	-	rming termination (num			cip code)			
30-10 GOMMEGING		, WILIXIXILLYIL	, 114 404 [1					
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/30/2017

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Facility Name and Addr PLANNED PARENTHOOD OF M MERRILLVILLE, IN, 46410		CTICUT STREET,	City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					•
Patient's age** M	lamiad	Date of pregnancy term	nination	Educat	ion			
28	arried Yes No	12/27/20		Laucai	ion	9th-12	th, No Diploma	
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blac ☐ White ■ Othe	k or African Am	nerican	☐ Unknown		nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:	Number now living	1			Number now d	eceased	0	
Other Terminations:	Number of spontaneou	is terminations			Number of ind	uced termin	nations 1	
,	Oo not include this termin	ation. If more than six (6), those most rec	rent.)				
1. 2011		3	4		5	Complic	eation(s) of Pregnanc	v Termination
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survivea:				None	_	ne Perforation
							_	
Fetus viable?	If viable, medical	reason for termination:				Hemorrhage	_	cal Laceration
☐ Yes ■ No						nfection	☐ Retair	ned Products
						Other (Spec	rify)	
Pathological examination performed?	If yes, results:							
Yes No								It in a maternal death?
					☐ Yes	s 🔳 No)	
		Tema	of Termination	Drogadue	20			
Decorder 4 (T	and Dungar	1 ype				mir-/ 1F		
Procedure that Terminat	•				ocedure that Ter		•	
Medical (NonsurgionMedical (Nonsurgion					Nonsurgical) M Nonsurgical) M			
Medical (Nonsurgion					Nonsurgical) C			
Medical (Surgical)					Surgical) Sucti			
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)				Surgical) Mens Surgical) Other		ration	
For Medical (Surgical) r	procedures, answer the fo	llowing question.	 For N	Medical (S	Surgical) proced	lures, answ	er the following que	 stion.
	r have a post fertilization						ilization age at least	
Yes 1		age at least 20 weeks:	,,,,		es No	a post tert	inzation age at least	20 weeks:
If the previous question	was answered yes, compl	lete the following question	ons. If the	e previous	question was a	nswered ye	es, complete the follo	wing questions.
Was the fetus given the	e best opportunity to surv	rive?	Wa	as the fetu	s given the best	opportunit	y to survive?	
☐ Yes ☐ N	No			□ Y	es No			
	determination that the produce to avert death or seri						hat the pregnant won th or serious impairs	
woman?			-	man?	F			
Date last normal menses	•	Physicia	an estimate of ge		ı weeks)	Post fe	rtilization age of the	fetus (in weeks)
How were the gestationa	11/11/2017 al age and post fertilization	on age determined?		7			5	
ULTRASOUND								
Full name of physician p	_							
	rforming termination (num	mber and street, city, star	te, and zip code)					
8645 CONNECTICUT	-							
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE										
[B.:		,	D : 2			T = 2						
Patient's age** 30	Mari	ried Yes I No	Date of pregn	nancy termin		Educa	ation			ollege, No Deg	ree	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Unl	known		y anic or Latino Hispanic or Latin	0	Unknown
Live Births:		Number now living	3					er now d		0		
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termi			
Dates of termination	s (Do	not include this termin	•			ost recent.)		5				
Fetus delivered alive	?	If yes, length of ti				**			Complic	cation(s) of Pregr	ancy To	ermination
☐ Yes ■		, , , , , , ,						■ N	None	Пυ	terine P	erforation
							— □ 1	Hemorrhag	— те П.С.	ervical I	Laceration	
Fetus viable?		If viable, medical	reason for term	nination:						_		
☐ Yes ■ 1	No							□ I	nfection	∐ R	etained	Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	Did this termination of pregnancy result in a ma											
				☐ Yes	s I N	0						
				Type	of Termin	nation Procedu	ires					
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy		
Medical (Nonsu									// difepriston			
Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)							Aisoprostol Other (Spec			
Medical (Surgio	2 (lec	action Curattage				☐ Medical	l (Surgice	al) Sucti	on Curetta	ga .		
☐ Medical (Surgio	cal) M	enstrual Aspiration				☐ Medica	l (Surgica	al) Mens	strual Aspi	ration		
Medical (Surgio	cal) O	ther (Specify)				Medical	l (Surgica	al) Other	r (Specify)			
For Medical (Surgical	al) pro	cedures, answer the fo	llowing question	on.		For Medical	(Surgica	l) proced	lures, answ	ver the following	questio	n.
	le or h	ave a post fertilization	age at least 20	weeks?			tus viable Yes	_	a post fert	tilization age at le	east 20 v	weeks?
If the previous quest	ion wa	as answered yes, comp	lete the followi	ng question	ıs.	If the previous	us questi	on was a	nswered ye	es, complete the	followin	g questions.
	n the b	est opportunity to surv	vive?					the best	opportuni	ty to survive?		
	_	etermination that the pr	regnant women	n had a cond	lition	_		_	mination t	hat the pregnant	Woman	had a condition
that required the pr		re to avert death or ser				that require				ath or serious imp		
woman?						woman?						
Date last normal me		egan NKNOWN		Physician	n estimate	e of gestation (in weeks	')	Post fe	ertilization age of	the fetu 4	is (in weeks)
How were the gestat		age and post fertilization	on age determin	ned?		-						
ULTRASOUND												
Full name of physici DR. MANDY GITTI												
Address of physician performing termination (number and street, city, state, and 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410						code)						
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):								

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE										
Patient's age**	Marr		Date of pregna	-		Educa	tion					
Race		Yes No	1	2/27/201	17			Н	Ethnicity	ol Diploma or	GED	
American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black ■ Other		n American	☐ Un	known	■ Hisp	y anic or Latino Hispanic or Latir	10	Unknown
Live Births:		Number now living	3				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontane	eous terminations				Numb	er of ind	uced termi	nations 0		
Dates of termination	s (Do 1	ot include this term	J	. ,		st recent.)		-		6		
Fetus delivered alive	 e?		time fetus survive		4	•		5	Compli	cation(s) of Pregr	nancy T	Cermination
☐ Yes ■		J ***, ** B **							None	Пυ	Iterine I	Perforation
								_ I	Hemorrhag	е По	'ervical	Laceration
Fetus viable? Yes	N.o.	If viable, medic	al reason for termi						_		Products	
i res	NO								nfection	_	etained	Products
		70 1						Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■		Did this termination of pregnancy result in a mater Yes No										
					<u>, LI</u>	<u> </u>						
	of Termin	ation Procedur	res_									
Procedure that Term		Additional Pr	ocedure	e that Ter	minated P	regnancy						
☐ Medical (Nonsu	ırgical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	//Iifepriston	e		
☐ Medical (Nonsu	ırgical)	Misoprostol				■ Medical	(Nonsu	rgical) N	/lisoprosto	1		
iviedicai (Nonst	irgicai)	Other (Specify)				☐ Medicai	(INOIISU	rgicai) C	Other (Spec	<i>(1)</i>		
Medical (Surgio		ction Curettage enstrual Aspiration				☐ Medical ☐ Medical	(Surgic	al) Sucti	on Curetta strual Aspi	ge ration		
Medical (Surgio						☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgic	al) pro	cedures, answer the	following question	1.		For Medical (Surgical) procedures, answer the following question.						
	le or ha	ve a post fertilization	on age at least 20 w	veeks?			us viabl Yes [a post fer	tilization age at l	east 20	weeks?
If the previous quest	ion wa	s answered yes, con	nplete the followin	g question	ns.	If the previou	ıs questi	ion was a	nswered y	es, complete the	followi	ng questions.
	n the b	est opportunity to su	rvive?				us giver Yes		opportuni	ty to survive?		
What was the basis	s for de	termination that the	pregnant woman l	had a con	dition	What was tl	he basis	for deter	mination t	hat the pregnant	woman	had a condition
		re to avert death or s										nt to the pregnant
woman:						··· Official :						
Date last normal me	nses ha	gan	T	Physicia	ın estimata	of gestation (i	in wook	s)	Poet fo	ertilization age of	f the for	us (in weeks)
	10	0/01/2017			ur commate	12	weeks	·/	1 OSt 16	annzanon age oi	10	us (iii weeks)
How were the gestat	ional a	ge and post fertiliza	tion age determine	ed?								
Full name of physici		forming termination										
Address of physician		rming termination (r	number and street,	city, state	e, and zip	code)						
8645 CONNECTIC	UT ST	REET, MERRILL	VILLE, IN 46410	l								
**Date Reported to DCS, if Patient under 14 (month, day, year):												
""Date Reported t	O DC	s, 11 Patient under	14 (month, day, y	ear):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/30/2017

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					•				
		1	D : 0			T = -					
Patient's age** 20	Mai	rried Yes I No	Date of pregn	ancy termir 12/27/2017		Educa	ntion			ollege, No Degree	
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ☐ White	Black Other		an American		ıknown	■ Not I	7 anic or Latino Hispanic or Latino	Unknown
Live Births:		Number now living	0				Numb	per now d	leceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin				ost recent.)					
1		2				4		5	Complic	cation(s) of Pregnanc	vy Tarmination
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					•	_	•
									None	∐ Utern	ne Perforation
Fetus viable?		If viable, medical	reason for term	ination:					Hemorrhag	e 🗌 Cervi	cal Laceration
☐ Yes ■				1	Infection	☐ Retain	ned Products				
									Other (Spec	cify)	
Pathological examin	ation	If yes, results:									
performed?	No							Did thi	s terminatio	on of pregnancy resu	It in a maternal death?
				☐ Ye			it in a maternar death:				
				Туре	of Termi	nation Procedu	res				
Procedure that Term	inate	d Pregnancy				Additional P	rocedur	e that Ter	minated Pr	egnancy	
Medical (Nonsu		•							//////////////////////////////////////		
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Aisoprostol		
☐ Medical (Nonsu	ırgica	l) Other (Specify)				Medical	(Nonsu	rgical) (Other (Spec	ify)	
		uction Curettage				Medical	(Surgic	al) Sucti	ion Curetta	ge .	
☐ Medical (Surgio		Menstrual Aspiration Other (Specify)							strual Aspir r (<i>Specif</i> y)	ration	
For Modical (Surgic	al) nr	ocedures, answer the fol	llowing questio			For Medical	(Surgia)	al) pr oces	luras anam	ver the following que	stion
	_										
Was the fetus viab. Yes [nave a post fertilization	age at least 20	weeks?			us viabl Yes [e a post fert	tilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	lete the following	ng question	s.	If the previou	ıs quest	ion was a	nswered ye	es, complete the follo	owing questions.
		best opportunity to surv	vive?				_	_	opportunit	ty to survive?	
☐ Yes [Yes [_			
		letermination that the praire to avert death or seri								hat the pregnant won ath or serious impair	
woman?			•			woman?	•			•	1 0
<u> </u>						<u> </u>					
Date last normal me		•		Physician	estimate	e of gestation (in week.	s)	Post fe	rtilization age of the	fetus (in weeks)
How were 4		JNKNOWN	w ogo 1-4 '	n d 9		8				6	
How were the gestat ULTRASOUND	ional	age and post fertilization	ni age determin	eu !							
Full name of physici	an ne	rforming termination									
DR. MANDY GITTI											
	-	orming termination (num			, and zip	code)					
8645 CONNECTIC											
duliD			4								
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day, j	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERF	RILLVILLE - 8645 CONNEC	CTICUT STREET,	City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE						
Patient's age** 22	Marrie [ed ☐ Yes ■ No	Date of pregnancy term 12/27/20		Educat	tion		ollege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ Bla ■ White ☐ Oth		can American	☐ Unknov	Ethnicity Hispa wn Not H	nnic or Latino Hispanic or Latino		
Live Births:	N	fumber now living	0			Number no	ow deceased	0		
Other Termination	ns:	lumber of spontaneou	s terminations 0			Number of	f induced termin	nations 1		
Dates of termination	ns (Do no	ot include this termin	ation. If more than six (6), those m	ost recent.)		5	6		
Fetus delivered alive		If yes, length of ti	me fetus survived:				Complic	eation(s) of Pregnancy Termination		
☐ Yes ■	NO			■ None ☐ Uterine Perf						
Fetus viable?		If viable, medical	reason for termination:		Hemorrhage Cervical Laceration					
☐ Yes ■	No				☐ Infection ☐ Retained Products					
							Other (Spec	ify)		
Pathological examin performed?	ation	If yes, results:								
Yes •				Did this termination of pregnancy result in a materna						
						<u> </u>	Yes No)		
			Тур	e of Termi	nation Procedur	es				
Procedure that Term	inated F	regnancy			Additional Pr	ocedure that	t Terminated Pr	egnancy		
☐ Medical (Nonsu	urgical)	Mifepristone			☐ Medical	(Nonsurgica	al) Mifepriston	e		
Medical (Nonsu Medical (Nonsu	urgical)	Misoprostol Other (Specify)			☐ Medical ☐ Medical	(Nonsurgica (Nonsurgica	al) Misoprostol	ify)		
Medical (Surgional Control Contro	cal) Suc	tion Curettage			☐ Medical	(Surgical) S	Suction Curettag	ge		
	cal) Me	nstrual Aspiration			☐ Medical	(Surgical) N	Menstrual Aspir Other (<i>Specify</i>)			
		· (-1-35)				(6)				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question		For Medical (Surgical) pr	ocedures answ	er the following question.		
			age at least 20 weeks?					ilization age at least 20 weeks?		
☐ Yes [■ No				_ 7	Yes □ No	0	•		
			ete the following quest	ions.		_	-	es, complete the following questions.		
Was the fetus give		st opportunity to surv	ive?			is given the Yes \[\] No	best opportunit o	y to survive?		
			regnant woman had a co lous impairment to the j					hat the pregnant woman had a condition the or serious impairment to the pregnant		
woman?					woman?	p				
Date last normal me	-	gan KNOWN	Physic	ian estimat	te of gestation (in	n weeks)	Post fe	rtilization age of the fetus (in weeks) 5		
How were the gestat			n age determined?					-		
ULTRASOUND										
Full name of physicians	_	orming termination								
	-	mber and street, city, st	ate, and zip	code)						
8645 CONNECTIC	UT ST	REET, MERRILLVI	LLE, IN 46410							
**Date Reported t	to DCS	, if Patient under 1	4 (month, day, year): _					-		

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF ME	S RRILLVILLE - 8645 CONNEC	TICUT STREET,	City o		ancy termination	County of pregnancy termin	nation				
MERRILLVILLE, IN, 46410					WILIN.		LANE					
Patient's age** 22	Mar	ried No		ancy termination 12/27/2017	Educa	ation	Some College, No Degree					
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black or Afr	ican American	Unknown	1 = 1	Unknown				
Live Births:		Number now living	0			Number now d	eceased 0					
Other Termination	s:	Number of spontaneou	s terminations 0			Number of ind	uced terminations					
		not include this termina										
Fetus delivered alive		211			4	5	Complication(s) of Pregnancy Termir					
Yes Yes		If yes, length of tir	ne retus surviv	eu.		None Uterine Perform						
						_						
Fetus viable?		If viable, medical i	eason for term	ination:			Hemorrhage	ration				
Yes •	No						nfection Retained Produ	ucts				
							Other (Specify)					
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No						s termination of pregnancy result in a ma	aternal death?				
						☐ Ye	s No					
				Type of Term	nination Procedu	ıres						
Procedure that Term	insted	Pregnancy		JF- 37 1311			minated Pregnancy					
		•										
Medical (Nonsu	ırgical) Misoprostol			☐ Medical	(Nonsurgical) N (Nonsurgical) N	Misoprostol					
Medical (Nonsu	ırgical	Other (Specify)			Medical	(Nonsurgical)	Other (Specify)					
		uction Curettage Ienstrual Aspiration				(Surgical) Sucti						
Medical (Surgio						(Surgical) Othe						
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing question	n.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab		ave a post fertilization a	age at least 20	weeks?		tus viable or have Yes No	a post fertilization age at least 20 weeks	s?				
	_	as answered yes, compl	ete the followin	ng questions.		_	nswered yes, complete the following qu	estions.				
Was the fetus give: ☐ Yes [pest opportunity to surv	ive?			tus given the best	opportunity to survive?					
	_	etermination that the pr	egnant women	had a condition		_	mination that the pregnant woman had a	a condition				
that required the pr		re to avert death or seri			that required the procedure to avert death or serious impairment to the pregnant							
woman?					woman?							
Date last normal me	nsec h	egan		Physician estima	ate of destation (in weeks)	Post fertilization age of the fetus (in	weeks)				
Date last normal file		0/18/2017		r nysician estilli	10	in weeks)	8	weeks)				
_	ional	age and post fertilization	n age determin	ed?								
ULTRASOUND												
Full name of physici DR. MANDY GITTI		forming termination										
Address of physician	n perfo	orming termination (nur			ip code)							
3020110				-								
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):								

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Facility Name and Addre PLANNED PARENTHOOD OF M MERRILLVILLE, IN, 46410	OSS DERRILLVILLE - 8645 CONNECTICUT ST	TREET,	City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE						
	Γ =	<u>c</u> :	, 1 =						
20	arried Date o ☐ Yes ■ No	of pregnancy terminate 12/27/2017	tion Edu	cation		ollege, No Degree			
Race American Indian or A Native Hawaiian or C	Other Pacific Islander Whi	=	r African American	Unknov	wn Not I	/ anic or Latino Hispanic or Latino ☐ Unknown			
Live Births:	Number now living	1		Number no	r now deceased 0				
Other Terminations:	Number of spontaneous termin	nations		Number of	f induced termi	nations 0			
Dates of terminations (De	l o not include this termination. If	more than six (6), th	nose most recent.)			0			
1	23.	·	4		5	6			
Fetus delivered alive? ☐ Yes ■ No	If yes, length of time fetus	s survived:			Complic	cation(s) of Pregnancy Termination			
l les l No					None	Uterine Perforation			
E-4	If .:	·			☐ Hemorrhag	e Cervical Laceration			
Fetus viable? ☐ Yes ■ No	If viable, medical reason f	or termination:			Infection	Retained Products			
					Other (Spec				
Pathological examination	ı If yes, results:				Oulei (Spec	<i>-tgy)</i>			
performed?	i ii yes, iesuits.								
☐ Yes ■ No					d this termination	on of pregnancy result in a maternal death?			
					i es 🕒 No	o			
		Tr. C	Townin-ti D	larence.					
		Type of	Termination Proced						
Procedure that Terminate	ed Pregnancy		Additional	Procedure that	t Terminated Pr	regnancy			
Medical (Nonsurgic					al) Mifepriston				
☐ Medical (Nonsurgical Medical (Nonsurgical Nonsurgical Nonsurgic					al) Misoprostol al) Other (Spec				
— M 1: 1/6 : 1)	S C			1.(0 : 1) (g .: G .:				
	Menstrual Aspiration		☐ Medic	al (Surgical) I	Suction Curetta Menstrual Aspi				
☐ Medical (Surgical)	Other (Specify)		☐ Medic	al (Surgical)	Other (Specify)				
For Medical (Surgical) p	rocedures, answer the following	question.	For Medica	l (Surgical) pr	rocedures, answ	ver the following question.			
Was the fetus viable or	have a post fertilization age at le	east 20 weeks?	Was the f	etus viable or	have a post fert	tilization age at least 20 weeks?			
☐ Yes ■ N				Yes N					
If the previous question v	was answered yes, complete the	following questions.	If the previ	ous question w	was answered ye	es, complete the following questions.			
Was the fetus given the	e best opportunity to survive?		Was the f	etus given the	best opportunit	ty to survive?			
☐ Yes ☐ N				Yes N					
	determination that the pregnant					hat the pregnant woman had a condition			
that required the proceed woman?	dure to avert death or serious imp	pairment to the pregn	nant that requi woman?	red the proced	lure to avert dea	ath or serious impairment to the pregnant			
Data last nammal	hagan	Dlavori - :	estimate of cost-+1	(in wasts)	Do-t C	utilization age of the fetus (in			
Date last normal menses	11/02/2017	riiysician e	estimate of gestation 7	(in weeks)	Post Ie	rtilization age of the fetus (in weeks) 5			
How were the gestational	l age and post fertilization age de	etermined?			1				
ULTRASOUND									
Full name of physician p DR. MANDY GITTLER	_								
	forming termination (number an	d street, city, state, a	und zip code)						
	STREET, MERRILLVILLE, IN								
**Date Reported to D	CS, if Patient under 14 (month	h, day, year):				-			

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Facility Name and Ad- PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410		RILLVILLE - 8645 CONNEC	TICUT STREET,		City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE						•
Patient's age**	Marrie	ad .	Date of pregn	nancy termin	ation	Educat	ion				
32		Yes I No		12/27/2017		Laucai	.1011	н	igh Scho	ol Diploma or GI	ED .
Race American Indian of Native Hawaiian of	r Othe	r Pacific Islander	Asian White	Black o	or African	American	Unk		Not H	nnic or Latino Hispanic or Latino	Unknown
Live Births:	N	umber now living	2				Numbe	r now d	eceased	0	
Other Terminations:	N	umber of spontaneou	s terminations				Numbe	r of indu	iced termin	nations 1	
Dates of terminations		ot include this termina UNKNOWN	*	han six (6), t	those most	recent.)					
Fetus delivered alive?	2	If yes, length of tir	3	rad:	4			5	Complic	eation(s) of Pregnan	cy Termination
Yes No)	if yes, length of the	ne retus surviv	eu.				■ N	Vone	_	ne Perforation
										_	
Fetus viable?		If viable, medical i	eason for term	nination:					Iemorrhage	_	ical Laceration
☐ Yes ■ No	0								nfection	_	ined Products
									Other (Spec	cify)	
Pathological examinat performed?	ion	If yes, results:									
☐ Yes ■ No	0							Did this			alt in a maternal death?
								1 es	<u> </u>	<u>, </u>	
				Tyne of	f Terminat	tion Procedur	res				
Procedure that Termin	ated D	regnancy		1, pc 01		Additional Pr		that Tam	minated De	egnancy	
_					'						
Medical (NonsurgMedical (Nonsurg	gical)	Misoprostol				Medical	(Nonsurg	gical) M	Iifepriston Iisoprostol		
Medical (Nonsurg	gical)	Other (Specify)				☐ Medical	(Nonsurg	gical) O	ther (Speci	ify)	
Medical (Surgical					[on Curettag		
☐ Medical (Surgical ☐ Medical (Surgical									trual Aspir (Specify)	ration	
For Medical (Surgical)) proce	edures, answer the fol	lowing questio	on.	_F	For Medical (Surgical)) proced	ures, answ	er the following qu	estion.
	_	ve a post fertilization a					_	_		ilization age at leas	
Yes		e a post fertilization o	ige at least 20	weeks.			es		u post tert	mzanon age at ieas	20 WCCR3.
If the previous questio	n was	answered yes, comple	ete the following	ng questions	. I	f the previou	s questio	n was a	nswered ye	es, complete the foll	owing questions.
		st opportunity to survi	ive?						opportunit	y to survive?	
☐ Yes ☐	No					☐ <i>7</i>	es 🗌	No			
		ermination that the protocol to avert death or seri									man had a condition ment to the pregnant
woman?			r	F8	,	woman?	F				
<u> </u>											
Date last normal mens	_			Physician	estimate o	f gestation (i	n weeks)		Post fe	rtilization age of the	e fetus (in weeks)
How were the gestatio		e and post fertilization	n age determin	ed?		9				7	
ULTRASOUND	<u> </u>										
Full name of physician DR. MANDY GITTLE	-	orming termination									
Address of physician p		ming termination (num	nber and street	t, city, state,	and zip co	ode)					
8645 CONNECTICU		-									
**Date Reported to											
Date Reported to	LCD,	,	_{i (} monin, aay, j	yeui j						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410	City or town, of		cy termination		County of pregnan	cy termination AKE			
Patient's age** Married Yes No Date of pregnancy terms 12/27/201		Educati	on		ciate Degree				
Race American Indian or Alaska Native Asian Black Native Hawaiian or Other Pacific Islander White Other	k or African Amer		☐ Unknown		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births: Number now living 2	·		Number now de		0				
Other Terminations: Number of spontaneous terminations			Number of indu	iced termin					
Dates of terminations (Do not include this termination. If more than six (6)	, those most recen	nt.)			<u> </u>				
1 2 3	4								
Fetus delivered alive? Yes No If yes, length of time fetus survived:				•	cation(s) of Pregnanc	•			
			■ N	None	∐ Uterii	ne Perforation			
Fetus viable? If viable, medical reason for termination:				Iemorrhag	e 🗌 Cervi	cal Laceration			
☐ Yes ■ No			☐ Iı	nfection	☐ Retain	ned Products			
				Other (Spec	cify)				
Pathological examination performed?									
☐ Yes ■ No						lt in a maternal death?			
			☐ Yes	■ No)				
	of Towning C								
	of Termination Pr								
Procedure that Terminated Pregnancy			cedure that Teri		•				
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol			Nonsurgical) M Nonsurgical) M						
Medical (Nonsurgical) Other (Specify)		Medical (Nonsurgical) O	ther (Spec	ify)				
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			Surgical) Suction Surgical) Mens						
Medical (Surgical) Other (Specify)			Surgical) Other		lation				
For Medical (Surgical) procedures, answer the following question.	For M	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ■ No	Was		s viable or have	a post fert	ilization age at least	20 weeks?			
If the previous question was answered yes, complete the following question	ns. If the p	_	_	nswered ye	es, complete the follo	owing questions.			
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No	Was		s given the best	opportunit	y to survive?				
What was the basis for determination that the pregnant woman had a con-	dition Wha		_	mination tl	hat the pregnant won	nan had a condition			
that required the procedure to avert death or serious impairment to the pro-	egnant that	required				ment to the pregnant			
woman?	wom	iaii!							
Date last normal menses began	n estimate of an-t	tation (÷	waaks)	Dogt f-	rtilization ago of 41-	fetus (in weeks)			
Date last normal menses began 10/29/2017 Physicia	n estimate of gest 7		weeks)	rost te	rtilization age of the 5	icius (in weeks)			
How were the gestational age and post fertilization age determined? ULTRASOUND									
Full name of physician performing termination									
DR. MANDY GITTLER Address of physician performing termination (number and street, city, state	e. and zip code)								
8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410									
**Date Reported to DCS, if Patient under 14 (month, day, year):									
DATE RECEIVED BY ISDH (month, day, year): 12/30/2017					-				

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERR	RILLVILLE - 8645 CONNE	CTICUT STREET,	City	or town, of pregna	ancy tern	County of pregnancy termination LAKE				
Patient's age** 24	Marrie	ed Yes • No	Date of pregnan	cy termination /27/2017	n Educa	ntion		Some Co	llege, No Degree		
Race American Indian Native Hawaiian Live Births:	or Othe		■ White	Black or A	African American	Unl	known er now d	Not H	nic or Latino Iispanic or Latino Unknown		
	N	umber of spontaneo	us terminations			Numb	er of indu	uced termir	0 nations		
Other Termination Dates of termination	15.	•	0	n sir (6) than	la most recent				1		
2016	2	n include inis termin	3	n six (0), inos	_ 4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived	:				Complic	ation(s) of Pregnancy Termination		
☐ Yes ■	No					☐ Uterine Perforation					
						e Cervical Laceration					
Fetus viable? Yes 1	No	If viable, medical	reason for termina	ation:			П	nfection	☐ Retained Products		
Pathological examin	ation	If yes, results:						Other (Spec	ijy)		
performed?	iation	if yes, results.									
☐ Yes ■	No				Did this termination of pregnancy result in a ma						
						L			,		
				Type of Te	rmination Procedu	res					
Procedure that Term	ninated P	regnancy			Additional P	rocedure	that Teri	minated Pro	egnancy		
		,							,		
☐ Medical (Nonsu ☐ Medical (Nonsu	urgical)	Misoprostol			☐ Medical	(Nonsu	rgical) M	Aifepristone Aisoprostol			
☐ Medical (Nonsu	urgical)	Other (Specify)			Medical	(Nonsu	rgical) O	Other (Speci	ify)		
Medical (Surgio		tion Curettage nstrual Aspiration			Medical	(Surgica	al) Suction	on Curettag strual Aspir	ge		
Medical (Surgio								r (<i>Specify</i>)	ation		
For Medical (Surgic	al) proce	edures, answer the fo	ollowing question.		For Medical	(Surgica	ıl) proced	lures, answ	er the following question.		
		ve a post fertilization		ake?		_	_		ilization age at least 20 weeks?		
Yes [e a post fertilization	age at least 20 we	CKS:		Yes [a post tern	inzation age at least 20 weeks:		
If the previous quest	tion was	answered yes, comp	lete the following	questions.	If the previous	us questi	on was a	nswered ye	es, complete the following questions.		
Was the fetus gives Yes		st opportunity to surv	vive?			tus given Yes 🏻		opportunit	y to survive?		
		ermination that the p							nat the pregnant woman had a condition		
that required the pr woman?	rocedure	to avert death or ser	rious impairment to	o the pregnan	t that require woman?	ed the pro	ocedure t	o avert dea	th or serious impairment to the pregnant		
Date last normal me	nses hea	an .		Physician esti	mate of gestation (in wooks	•)	Post fet	rtilization age of the fetus (in weeks)		
Date last normal me	_	KNOWN		nysician esti	8	in weeks	,	1 ost ici	6		
How were the gestat	tional ag	e and post fertilization	on age determined	?				•			
Full name of physici	_	orming termination									
Address of physician		ming termination (nu	umber and street, c	city, state, and	l zip code)						
8645 CONNECTIC	UT STF	REET, MERRILLVI	LLE, IN 46410								
**Date Reported t	to DCS,	, if Patient under 1	4 (month, day, yea	ar):					-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/30/2017

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					ation				
Patient's age** 37	Mar	ried Yes I No	Date of pregn	ancy term 12/27/201		Educa	tion		nool Diploma or GED		
Race American Indian Native Hawaiian	or Otl	ner Pacific Islander	☐ Asian ☐ White	Black	k or African r	American		known I N	spanic or Latino	Jnknown	
Live Births:		Number now living	3				Numb	er now deceased	0		
Other Termination	5.	Number of spontane	0				Numb	per of induced ter	minations 2		
Dates of termination 1. UNKNOWN	s (<i>Do</i>	not include this term 2. UNKNOWN	ination. If more to	han six (6)), those most 4	recent.)		5	6		
Fetus delivered alive		If yes, length of	time fetus surviv	ed:				Com	lication(s) of Pregnancy Termin	ation	
☐ Yes ■ I	No					■ None ☐ Uterine Perf					
Fetus viable?		If viable medic	al reason for term	ination:				☐ Hemorri	age	ation	
Yes I	No	ii viaole, inedie	ar reason for term	iniucion.		☐ Infection ☐ Retained Products					
Data da		TC 1.						Other (S	pecify)		
	Pathological examination performed? If yes, results:										
Yes •							Did this termin	ntion of pregnancy result in a ma	ternal death?		
						I					
			Туре	of Terminat	ion Procedu	res					
Procedure that Term	Pregnancy			A	Additional Pr	ocedure	e that Terminated	Pregnancy			
☐ Medical (Nonsu	ırgical) Mifepristone				☐ Medical	(Nonsu	rgical) Mifepris	one		
☐ Medical (Nonsu				 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 							
Medical (Surgional Control Contro	·2 (le	action Curettage			Medical (Surgical) Suction Curettage						
	al) M	lenstrual Aspiration				☐ Medical	(Surgic	al) Menstrual A al) Other (Speci	piration		
For Medical (Surgical	al) pro	cedures, answer the	following question	on.		For Medical (Surgica	al) procedures, ar	swer the following question.		
	le or h	ave a post fertilization	on age at least 20	weeks?		_	us viabl Yes = F		ertilization age at least 20 weeks	:?	
If the previous quest	_		nplete the following	ng questio	ns. I	_	_	_	yes, complete the following que	estions.	
Was the fetus given ☐ Yes [pest opportunity to su	rvive?				us given Yes [the best opporti	nity to survive?		
		etermination that the re to avert death or s							n that the pregnant woman had a leath or serious impairment to th		
Date last normal men		egan 0/25/2017		Physicia	n estimate o	f gestation (i	n weeks	s) Pos	fertilization age of the fetus (in	weeks)	
How were the gestat			tion age determin	ed?		<u> </u>			<u> </u>		
ULTRASOUND											
Full name of physici	forming termination										
DR. MANDY GITTL					*)						
Address of physician 8645 CONNECTIC					e, and zip co	ae)					
**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410						City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					County of pregnancy termination LAKE			
Patient's age** 18	Mar	ried Yes	■ No	Date of pregna	ancy termini 12/27/201		Educa	tion			th, No Diploma			
Race American Indian Native Hawaiian				☐ Asian ■ White	☐ Black	or African	American	☐ Un	known		nic or Latino Hispanic or Latino ☐ Unknown			
Live Births:		Number no	w living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of	spontaneou	is terminations 0				Numb	er of ind	uced termin				
Dates of termination	s (Do			ation. If more th			recent.)		5		6			
Fetus delivered alive				me fetus survive							cation(s) of Pregnancy Termination			
☐ Yes ■ I	No						■ None ☐ Uterine Perfo							
Fetus viable?	Fetus viable? If viable, medical reason for termination:								□ I	Hemorrhage	e Cervical Laceration			
Yes I	No	II VILLOIS	c, medicar	reason for terms	munom.				□ I	nfection	☐ Retained Products			
	Pathological examination If yes, results:									Other (Spec	eify)			
Pathological examin performed?														
Yes No							Did this termination of pregnancy result in a matern							
									☐ Yes	s 🔳 No	0			
Type of Te						of Terminat	tion Procedur	res						
Procedure that Terminated Pregnancy							Additional Pr		that Ter	minated Pr	regnancy			
☐ Medical (Nonsu			one			l r				/lifepriston				
Medical (Nonsu Medical (Nonsu	ırgical	l) Misoprost	tol				Medical	(Nonsu	rgical) N	Aisoprostol Other (Spec				
	<i>g</i>	, (-1	357				_		8 /	()				
Medical (Surgional Control Contro	al) S	uction Curet	tage			_Ī	Medical	(Surgic	al) Sucti	on Curetta	<u> </u>			
Medical (Surgio	al) N	Ienstrual Asj	piration			اِ ا	Medical	(Surgic	al) Mens	strual Aspii r (Specify)				
	, , 0	and (speedy)	,,					(Suigie	an, ounc	(Speedy)				
For Medical (Surgical	al) pro	ocedures, ans	swer the fo	llowing question	n.	_F	For Medical (Surgica	ıl) proced	lures answ	er the following question.			
Was the fetus viable	_							_	_		ilization age at least 20 weeks?			
	■ No						_	Yes [_					
If the previous quest	ion w	as answered	yes, comp	lete the followin	ng question	ns. I	f the previou	s questi	on was a	nswered ye	es, complete the following questions.			
Was the fetus given ☐ Yes ☐			nity to surv	rive?				ıs given Yes □		opportunit	y to survive?			
What was the basis											hat the pregnant woman had a condition			
that required the pr woman?	ocedu	ire to avert d	leath or ser	ious impairment	t to the pre	egnant	that required woman?	d the pro	ocedure t	o avert dea	nth or serious impairment to the pregnant			
Date last normal men		-			Physician	n estimate o	f gestation (i	n weeks	;)	Post fe	rtilization age of the fetus (in weeks)			
How were the gestat		0/16/2017 age and post	fertilizatio	on age determine	ed?		10				8			
How were the gestational age and post fertilization age determined? ULTRASOUND														
Full name of physician performing termination DR. MANDY GITTLER														
Address of physician	n perfo	U	,			, and zip co	ode)							
8645 CONNECTIC	UT S	TREET, ME	RRILLVI	LLE, IN 46410)									
**Date Reported to DCS, if Patient under 14 (month, day, year):														

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECTICUT STREET, MERRILLVILLE, IN, 46410						City or town, of pregnancy termination MERRILLVILLE County of pregnancy termination LAKE					nation	
Patient's age** 33	Married [d Yes • No	Date of pregna	ancy term 12/27/201		Educa	tion			lege, No Degr	ee	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un			nic or Latino spanic or Latino	o 🗀	Unknown
Live Births:	Nι	ımber now living	3	_				per now decea		0		
Other Termination	s: Nu	ımber of spontaneou					Numb	per of induced	d termina			
Dates of termination	s (Do no	t include this termin	ation. If more th	han six (6)	, those mo	ost recent.)		5		6		
Fetus delivered alive	?	If yes, length of ti	me fetus survive	ed:				C	Complica	tion(s) of Pregn	ancy Termin	nation
☐ Yes ■ I	No					■ None ☐ Uterine Pe						ation
		If viable, medical					☐ Hem	orrhage	☐ Ce	ervical Lace	ration	
Fetus viable? Yes I				☐ Infec	ction	□ Re	etained Prod	ucts				
				☐ Othe	er (Specij							
Pathological examin					л (Бресі)	97						
performed?												
☐ Yes ■				Did this ter	minatior No	of pregnancy r	esult in a m	aternal death?				
			ч									
	of Termin	nation Procedur	res									
Procedure that Term	inated Pr	regnancy				Additional Pr	ocedure	e that Termin	ated Pre	gnancy		
☐ Medical (Nonsu								rgical) Mife				
☐ Medical (Nonsu ☐ Medical (Nonsu								rgical) Miso rgical) Other		v)		
_	,	(1 337				_	`	,	. 1 3.	,		
■ M 1: 1/G :	1) 0 4	·			☐ Medical (Surgical) Suction Curettage							
	cal) Men	strual Aspiration				■ Medical	(Surgic	al) Menstrua	al Aspira			
☐ Medical (Surgio	cal) Othe	er (Specify)				☐ Medical	(Surgic	al) Other (Sp	pecify)			
For Medical (Surgical	al) proce	dures, answer the fo	llowing question	n.		For Medical (Surgica	al) procedures	s, answe	r the following	question.	
Was the fetus viable Yes [_	e a post fertilization	age at least 20 v	weeks?			us viabl Yes [ost fertil	ization age at le	ast 20 week	s?
If the previous quest	ion was a	answered yes, compl	ete the followin	ng question	ns.	If the previou	s questi	ion was answ	ered yes	, complete the f	ollowing qu	estions.
Was the fetus given ☐ Yes [t opportunity to surv	ive?				us giver Yes [the best opp No	ortunity	to survive?		
		rmination that the pr								at the pregnant v		
		to avert death or ser				that require woman?	d the pr	ocedure to av	vert deatl	n or serious imp	airment to the	he pregnant
Dili	1			DI ::		<u> </u>) I :	D + C +	·1· · · · · · · · · · · ·	.1 6	1)
Date last normal men	_	in KNOWN		Physicia	n estimate	of gestation (i	п wеекз		Post tert	ilization age of	8	(weeks)
How were the gestat	ional age	and post fertilization	n age determine	ed?				l				
ULTRASOUND												
Full name of physici DR. MANDY GITTL												
Address of physician	e, and zip	code)										
8645 CONNECTIC	UT STR	EET, MERRILLVI	LLE, IN 46410)								
**Date Reported t	o DCs	if Patient under 1	4 (month day s	vear).								
Date Reported t	,	I amont ander 1	. , monin, uuy,)	, ,								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr PLANNED PARENTHOOD OF I MERRILLVILLE, IN, 46410	ess MERR	ILLVILLE - 8645 CONNEC	TICUT STREET,	City or	town, of pregna	•			County of pregnancy termination LAKE		
Patient's age** M	arrie	d I	Date of pregnancy	termination	Educa	tion					
21 Race		Yes No		//2017			Hi	Ethnicity			
☐ American Indian or A ☐ Native Hawaiian or O	Other	Pacific Islander	= =	Black or Afric Other	can American		nknown	Not H	nic or Latino Sispanic or Latino Unknown		
Live Births:		umber now living	0				ber now de		0		
Other Terminations:		umber of spontaneous	0			Numb	ber of indu	iced termin	nations 0		
Dates of terminations (L			•	ix (6), those n	nost recent.)		_				
Fetus delivered alive?	2.	If yes, length of tin	ne fetus survived:		4		5	Complica	ation(s) of Pregnancy Termination		
☐ Yes ■ No							■ N	lone	☐ Uterine Perforation		
Fetus viable?		If viable, medical r	assan for tarminatio	\n.			□н	Iemorrhage	e Cervical Laceration		
Yes No		ii viable, medicai i	eason for termination	<i>)</i> 11.			☐ In	nfection	☐ Retained Products		
								Other (Speci	ify)		
Pathological examinatio	n	If yes, results:									
performed? Yes No							Did this		on of pregnancy result in a maternal death?		
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
■ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Mifepristone											
Medical (Surgical)	Suct	ion Curettage			☐ Medical	(Surgic	eal) Suction	on Curettag	ge		
☐ Medical (Surgical) ☐ Medical (Surgical)	Men	strual Aspiration				(Surgic		trual Aspir			
		(-F32)				(,	(-F 35)			
For Medical (Surgical) p	oroce	dures, answer the foll	owing question.		For Medical	(Surgica	al) procedi	ures, answe	er the following question.		
Was the fetus viable or	r hav			s?				a post ferti	lization age at least 20 weeks?		
Yes I I		answered ves comple	ete the following an	estions		Yes [_	iswered ve	s, complete the following questions.		
Was the fetus given the			• •	conons.		•		•	y to survive?		
☐ Yes ☐ 1		·				Yes [·			
What was the basis for that required the proce woman?									nat the pregnant woman had a condition th or serious impairment to the pregnant		
Date last normal menses	_		Phy	sician estima	te of gestation (i	in week:	s)	Post fer	tilization age of the fetus (in weeks)		
How were the gestationa		26/2017	age determined?		8				6		
ULTRASOUND	ai agt	anu post iertilizatioi	i age uctermined?								
Full name of physician p		rming termination									
Address of physician per 8645 CONNECTICUT	rforn	-		state, and zij	p code)						
USAS CONNECTICUT	JIK	LLI, WENKILLVIL	, II4 404 IU								
**Date Reported to D	Date Reported to DCS, if Patient under 14 (month, day, year):										

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF MERRI	LLVILLE - 8645 CONNEC	CTICUT STREET,		City or to	own, of pregna			County of preg	nancy termination LAKE		
Patient's age** 21	Married [d Yes • No	Date of pregna	ancy term 12/27/201		Educa	tion		ool Diploma or	GED		
Race ☐ American Indian ☐ Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un		ty panic or Latino Hispanic or Latin	o Unknown		
Live Births:	Nι	ımber now living	0				Numb	per now deceased	0			
Other Termination	s: Nu	ımber of spontaneou					Numb	per of induced term				
Dates of termination	s (Do no.	t include this termin	ation. If more th	nan six (6)), those mo	ost recent.)		5.	6.			
Fetus delivered alive	?	If yes, length of ti	me fetus survive	ed:				Compl	ication(s) of Pregr	nancy Termination		
☐ Yes ■ I	No							None	□ U	terine Perforation		
								☐ Hemorrha	ge 🗆 C	ervical Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	ination:				☐ Infection	_	etained Products		
	110							_	_	etamed Froducts		
Pathological examin	otion	If yes, results:						Other (Spe	ecify)			
performed?	ation	ii yes, iesuits:										
☐ Yes ■	No							Did this terminat ☐ Yes		result in a maternal death?		
									10			
				Туре	of Termin	nation Procedur	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
■ Medical (Nonsu	ırgical) İ	Mifepristone				☐ Medical	(Nonsu	rgical) Mifepristo	ne			
Medical (Nonsu Medical (Nonsu	irgical) I	Misoprostol				■ Medical	(Nonsu	rgical) Misoprostorgical) Other (Spe	ol			
Wedicar (140iise	irgicai) (эшсі (вресіду)				Medicar	(1volisu	rgicar) Other (Spe	cijy)			
☐ Medical (Surgion Med		ion Curettage strual Aspiration						al) Suction Curett al) Menstrual Asp				
Medical (Surgio								al) Other (Specify				
For Medical (Surgical	al) proce	dures, answer the fo	llowing question	n.		For Medical ((Surgica	al) procedures, ans	wer the following	question.		
Was the fetus viable Yes	_	e a post fertilization	age at least 20 v	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion was a	answered yes, compl	lete the followin	ng question	ns.	If the previou	ıs questi	ion was answered	yes, complete the	following questions.		
Was the fetus given ☐ Yes [t opportunity to surv	rive?				us giver Yes [n the best opportun	ity to survive?			
What was the basis	s for dete	rmination that the pr	egnant woman	had a con	dition	What was tl	he basis	for determination	that the pregnant	woman had a condition		
		to avert death or ser				that require woman?	d the pr	ocedure to avert de	eath or serious imp	pairment to the pregnant		
W GILLALL						woman.						
D. 1	,			DI		6	. ,	<u> </u>				
Date last normal men	_	n 1 8/2017		Physicia	n estimate	e of gestation (i	n weeks	s) Post 1	ertilization age of	the fetus (in weeks) 7		
How were the gestational age and post fertilization age determined?								<u> </u>				
ULTRASOUND												
Full name of physici DR. MANDY GITTL	_	rming termination										
Address of physician		ning termination (num	mber and street	, city, stat	e, and zip	code)						
8645 CONNECTIC	UT STR	EET, MERRILLVI	LLE, IN 46410)								
**Date Reported t	o DCS,	if Patient under 1	4 (month, day, y	vear):					_			

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410		S RRILLVILLE - 8645 CONNEC	CTICUT STREET,		City or t	own, of pregna	-			County of pregnand	ey termination AKE
[T							
Patient's age** 28	Mar	ried Yes No	Date of pregna	ancy termin 2/27/2017		Educa	ition	н		ol Diploma or GE	D
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black o	or Africa	an American		ıknown	☐ Not I	anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	2				Numb	per now d	eceased	0	
Other Termination	s:	Number of spontaneou	s terminations				Numb	per of ind	uced termin	nations	
Dates of termination 1. 2015	s (Do	not include this termino 2. 2015		an six (6), 1		ost recent.)		5		6	
Fetus delivered alive	?	If yes, length of tin	ne fetus survive	ed:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■ I	No							• 1	None	☐ Uterir	e Perforation
									Hemorrhag	e \Box Cervi	cal Laceration
Fetus viable?	NT _	If viable, medical	reason for termin	nation:						_	
☐ Yes ■ I	NO							_	nfection		ned Products
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did this			It in a maternal death?
								☐ Yes	s 🔳 No	0	
Т											
	f Termir	nation Procedu	res								
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
☐ Medical (Nonsu	ırgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e	
☐ Medical (Nonsu	ırgica	l) Misoprostol				Medical	(Nonsu	rgical) N	Iisoprostol		
Medical (Nonsu	ırgıca	Other (Specify)				Medical	(Nonsu	irgicai) C	Other (Spec	ify)	
		uction Curettage							on Curetta		
☐ Medical (Surgio		Ienstrual Aspiration other (Specify)							strual Aspii r (<i>Specif</i> y)	ration	
						_					
	4)							4			_
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing question	1.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.
	le or h	ave a post fertilization	age at least 20 w	veeks?		_	us viabl Yes [_	a post fert	ilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	ete the following	g questions	S.	If the previou	ıs quest	ion was a	nswered ye	es, complete the follo	wing questions.
Was the fetus given ☐ Yes [pest opportunity to surv	ive?				us giver Yes [_	opportunit	ty to survive?	
What was the basis	for d	etermination that the pr	egnant woman l	had a condi	ition	What was t	he basis	for deter	mination th	hat the pregnant won	nan had a condition
that required the pr		ire to avert death or seri				that require				th or serious impairr	
woman?						woman?					
Date last normal men		egan 0/03/2017		Physician	estimate	e of gestation (in week:	s)	Post fe	rtilization age of the	fetus (in weeks)
How were the gestat	9				7						
ULTRASOUND											
<u> </u>											
Full name of physici DR. MANDY GITTL	-	rforming termination									
	-	orming termination (num			and zip	code)					
8645 CONNECTIC	UT S	TREET, MERRILLVII	LLE, IN 46410								
**Date Reported t	o DC	S, if Patient under 14	4 (month, day, y	ear):						_	

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Facility Name and Add PLANNED PARENTHOOD OF MERRILLVILLE, IN, 46410		ILLE - 8645 CONNEC	CTICUT STREET,		City or tov	vn, of pregna				County of pregna	ncy termination
Patient's age**	<i>a</i> · ·		Date of pregn	ancy termin	ation	Educat	tion				
28	Married	es 🔳 No		12/27/2017		Educa	HOH		Some Co	llege, No Degre	e
Race American Indian or Native Hawaiian or			☐ Asian ■ White	Black o	or African	American	☐ Unk	nown		nic or Latino Iispanic or Latino	☐ Unknown
Live Births:	Numb	er now living	2				Numbe	er now d	eceased	0	
Other Terminations:	Numb	er of spontaneou	us terminations				Numbe	er of indu	iced termin	nations 0	
Dates of terminations (A	Do not inc	clude this termin	ation. If more ti	han six (6), t	those most	t recent.)					
1. 2015	2		3		4			5	Complic	ation(s) of Pregnar	ncy Termination
Fetus delivered alive? Yes No		yes, length of ti	me fetus surviv	red:					•	_	•
									Vone	_	rine Perforation
Fetus viable?		viable, medical	reason for term	nination:				∐ F	Hemorrhage	e ∐ Cer	vical Laceration
☐ Yes ■ No)							☐ I	nfection	Reta	ained Products
									Other (Spec	ify)	
Pathological examination performed?	on If	yes, results:									
Yes No)										sult in a maternal death?
								☐ Yes	■ No)	
Type of Termination Presedures											
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgi]				Iifepristone Iisoprostol	e	
Medical (Nonsurgi									ther (Speci	ify)	
Medical (Surgical)) Suction	Curettage			_Ī	Medical	(Surgica	l) Sucti	on Curettag	ge	
Medical (Surgical) Medical (Surgical)) Menstru	al Aspiration]	Medical	(Surgica	l) Mens	trual Aspir (Specify)		
in Wedlear (Surgicar)) Office (5	ресіју)				Niculear	(Surgica	ii) Oilici	(Бресіју)		
For Medical (Surgical)	procedure	es, answer the fo	llowing questio	on.		For Medical (Surgical) proced	ures, answ	er the following qu	iestion.
Was the fetus viable of Yes ■		oost fertilization	age at least 20	weeks?			us viable Yes 🗀		a post ferti	ilization age at leas	st 20 weeks?
If the previous question		vered ves comp	lete the following	ng questions	.	— If the previou	s anestia	n was a	nswered ve	s complete the fo	llowing questions.
•				ng questions	·	•	•		·	•	nowing questions.
Was the fetus given th ☐ Yes ☐		portunity to surv	/1Ve /				is given Yes		opportunit	y to survive?	
What was the basis for						What was th	ne basis	for deter	mination th	nat the pregnant wo	oman had a condition
that required the processions woman?	edure to a	vert death or ser	ious impairmen	nt to the preg	gnant	that required woman?	d the pro	cedure t	o avert dea	th or serious impai	irment to the pregnant
Date last normal mense	es began			Physician	estimate o	of gestation (i	n weeks)	Post fer	tilization age of th	ne fetus (in weeks)
	11/08/2017 7 5										
How were the gestation	nal age and	d post fertilization	on age determin	ied?	_						
GETRASOUND											
Full name of physician	performir	ng termination									
DR. MANDY GITTLE	-	-5 communon									
Address of physician po	_				and zip co	ode)					
8645 CONNECTICUT	JIKEE	ı, IVIERRILLVI	LLE, IN 4041(<u> </u>							
**Date Reported to I	DCS, if F	Patient under 1	4 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 12/30/2017

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Facility Name and Address PLANNED PARENTHOOD OF MERRILLVILLE - 8645 CONNECT MERRILLVILLE, IN, 46410	ICUT STREET,	City or town, of		cy termination		County of pregnan	cy termination			
- 11111100	Date of pregnancy termi		Educati	on						
25	12/27/201	7			Bach Ethnicity	elor's Degree				
American Indian or Alaska Native Native Hawaiian or Other Pacific Islander	Asian Black White Other	or African Ame		Unknown	Hispa	7 anic or Latino Hispanic or Latino	☐ Unknown			
Live Births: Number now living	0			Number now d	eceased	0				
Other Terminations: Number of spontaneous	terminations 0			Number of ind	uced termi	nations 0				
Dates of terminations (Do not include this terminat	*		nt.)	_						
Fetus delivered alive? If yes, length of time	e fetus survived:	4		5	Complic	cation(s) of Pregnanc	ry Termination			
Yes No	e ietus sui vivea.			1		_	ne Perforation			
						_				
	eason for termination:				Hemorrhag		cal Laceration			
☐ Yes ■ No				I	nfection	☐ Retain	ned Products			
					Other (Spec	cify)				
Pathological examination performed?										
Yes No							It in a maternal death?			
		☐ Yes ■ No								
	Туре	of Termination F	Procedure	es						
Procedure that Terminated Pregnancy		Addit	ional Pro	ocedure that Ter	minated Pr	regnancy				
☐ Medical (Nonsurgical) Mifepristone				Nonsurgical) M						
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			Aedical (Nonsurgical) Nonsurgical) C	lisoprostol	[
Medicai (Nonsurgicai) Other (<i>spectyy</i>)			nedicai ((Nonsurgical)	mer (spec	<i>(lyy)</i>				
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration										
Medical (Surgical) Other (Specify)			Medical (Surgical) Other	r (Specify)					
For Medical (Surgical) procedures, answer the follo	owing question.	For M	Iedical (S	Surgical) proced	lures, answ	er the following que	estion.			
Was the fetus viable or have a post fertilization ag ☐ Yes ■ No	ge at least 20 weeks?	Was		s viable or have	a post fert	tilization age at least	20 weeks?			
If the previous question was answered yes, complet	te the following question	ns. If the	previous	question was a	nswered ye	es, complete the follo	owing questions.			
Was the fetus given the best opportunity to surviv ☐ Yes ☐ No	ve?	Was		s given the best	opportuni	ty to survive?				
What was the basis for determination that the pre-						hat the pregnant won				
that required the procedure to avert death or serio woman?	ous impairment to the pre		required	the procedure t	o avert dea	ath or serious impair	ment to the pregnant			
			-							
Date last normal menses began	Physician	n estimate of ges	tation (in	weeks)	Post fe	rtilization age of the	fetus (in weeks)			
10/14/2017	10		,		8					
How were the gestational age and post fertilization ULTRASOUND										
Full name of physician performing termination DR. MANDY GITTLER										
Address of physician performing termination (number		e, and zip code)								
8645 CONNECTICUT STREET, MERRILLVILI	LE, IN 46410									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD MERRILLVILLE, IN, 46410	OF ME	S RRILLVILLE - 8645 CO	NNECTICUT STREET,		City or tov	vn, of pregna MERRI	•			County of pregnar	cy termination AKE
Patient's age** 34	Mar	ried Yes I N	Date of preg	nancy term 12/27/201		Educat	tion	Ţ		elor's Degree	
Race American Indian Native Hawaiian			Asian White	☐ Blac	k or African r	American	☐ Un	known	Ethnicity Hispa Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:		Number now livir	g 1				Numb	er now de	eceased	0	
Other Termination	s:	Number of sponta		S			Numb	er of indu	iced termin	×	
Dates of termination	s (Do		mination. If more	, ,		recent.)		5		6.	
Fetus delivered alive	?		of time fetus survi						Complic	ation(s) of Pregnand	cy Termination
☐ Yes ■ I	No							■ N	Vone	☐ Uteri	ne Perforation
Fetus viable?		If viable, med	ical reason for terr	nination:				□ H	Iemorrhage	e Cervi	ical Laceration
Yes I	No	ii viaoie, mee	icar reason for terr	innation.				☐ Iı	nfection	☐ Retai	ned Products
									Other (Spec	ify)	
Pathological examin performed?	ation	If yes, results									
☐ Yes ■	No							Did this			ılt in a maternal death?
								☐ Tes	E NO)	
				Туре	of Terminat	tion Procedur	res				
Procedure that Term	inated	Pregnancy			I	Additional Pr	ocedure	that Terr	ninated Pro	egnancy	
☐ Medical (Nonsu	ırgical) Mifepristone				☐ Medical	(Nonsu	rgical) M	lifepristone	2	
☐ Medical (Nonsu ☐ Medical (Nonsu	ırgical ırgical) Misoprostol) Other (Specify)]	Medical	(Nonsu	rgical) M	lisoprostol ther (Speci		
Medical (Surgional Control al) S	uction Curettage			_[Medical	(Surgic	al) Suction	on Curettag	ge		
☐ Medical (Surgio		Ienstrual Aspiration ther (Specify)	n]				trual Aspir (Specify)	ration	
For Medical (Surgical	al) pro	cedures, answer th	e following questi	on.	_I	For Medical (Surgica	ıl) proced	ures, answ	er the following que	estion.
Was the fetus viable	_						_	_		ilization age at least	
	■ No					_	Yes □	_			
If the previous quest		•	•	ing questio	ns. I	•	•		·	s, complete the foll	owing questions.
Was the fetus giver ☐ Yes [survive?				is given Yes		opportunit	y to survive?	
What was the basis that required the pr											man had a condition ment to the pregnant
woman?	ocedi	ne to avert death o	serious impairine	nt to the pr	egnant	woman?	u uie pro	ocedure to	o avert dea	ui oi serious impan	ment to the pregnant
Date last normal men		egan 0/21/2017		Physicia	n estimate o	of gestation (i	n weeks	i)	Post fer	rtilization age of the	e fetus (in weeks)
How were the gestational age and post fertilization age determined?											
ULTRASOUND											
Full name of physici	an ne	forming termination	nn								
DR. MANDY GITTL	.ER										
Address of physician 8645 CONNECTIC		C	,		e, and zip co	ode)					
			,								
**Date Reported t	o DC	S, if Patient und	er 14 (month, day,	, year):						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/02/2018

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AF	RLINGTON AVE,	City			ncy terminat	tion	County of pregnancy termination MARION
Patient's age** 21	Marrie [d ☐ Yes ■ No	Date of pregnar	ncy terminatio 2/29/2017	on	Educat	tion	High Scho	ool Diploma or GED
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black or A	African Ame	erican	Unknov		y anic or Latino Hispanic or Latino
Live Births:		umber now living	0					ow deceased	0
Other Termination	ns: N	umber of spontaneou	is terminations 0				Number of	induced termi	nations 0
Dates of termination	ns (Do no		ation. If more tha			ent.)		5	6.
Fetus delivered alive		If yes, length of ti							cation(s) of Pregnancy Termination
☐ Yes ■	No							None	☐ Uterine Perforation
Fetus viable?		If viable, medical	reason for termin	nation:			[Hemorrhag	ge Cervical Laceration
☐ Yes ■	No	,						Infection	☐ Retained Products
								Other (Spec	cify)
Pathological examin performed?	ation	If yes, results:							
■ Yes □	No	CHORIONIC VIL	LAE, GESTAT	IONAL SAC			Dic	this terminati	on of pregnancy result in a maternal death?
		l						165 🗀 1	<u> </u>
	Type of						es		
Procedure that Term	ninated P	regnancy			Addi	tional Pr	ocedure that	Terminated P	regnancy
					d) Mifepriston				
	 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 							d) Misoprosto d) Other (Spec	
Medical (Surgio								Suction Curetta	
Medical (Surgio		nstrual Aspiration er (Specify)						Menstrual Aspi Other (Specify)	
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For N	Medical (Surgical) pr	ocedures, answ	ver the following question.
Was the fetus viab ☐ Yes [e a post fertilization	age at least 20 w	reeks?	Wa		us viable or l		tilization age at least 20 weeks?
If the previous quest	tion was	answered yes, comp	lete the following	g questions.	If the	previou	s question w	as answered y	es, complete the following questions.
Was the fetus give		t opportunity to surv	vive?		Wa		us given the	best opportuni	ty to survive?
		ermination that the p							hat the pregnant woman had a condition
woman?	rocedure	to avert death or ser	ious impairment	to the pregnar		required	the proced	ure to avert dea	ath or serious impairment to the pregnant
Date last normal menses began Physician estin						station (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 6
How were the gestational age and post fertilization age determined?									-
ULTRASOUND EXAMINATION, PELVIC EXAMINATION									
Full name of physici	_	-							
Address of physician	n perforn	ning termination (nu		city, state, and	d zip code)				
1201 N ARLINGTO	ON AVE	, INDIANAPOLIS,	IN 46219						
**Date Reported to DCS, if Patient under 14 (month, day, year):							_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219			APOLI	S - 1201 N A	RLINGTON AVE,		City or t	town, of pr	_	ncy ter		1	Coun	ty of pregna	incy IARI		ion
Patient's age** 32	Mar	ried	l'es	■ No	Date of pregr	nancy term 12/29/201		Е	duca	tion	D			sional Deç	gree		
Race American Indian Native Hawaiian		her Pac	cific l	Islander	Asian White	☐ Blac		an Americ	an		nknown		anic or	Latino c or Latino		☐ Un	ıknown
Live Births:		Numb	er no	w living	2					Num	ber now	deceased		0			
Other Termination					us terminations 1					Num	ber of in	duced termi	nations	1			
Dates of termination 1. 2008	s (Do	not inc		this termi	nation. If more i	than six (6)), those mo	ost recent.,)		5			6			
Fetus delivered alive		If	yes,	length of t	ime fetus surviv	ved:						Compli	cation(s	s) of Pregnar	псу Т	Terminat	ion
☐ Yes ■ I	No										•	None		☐ Uter	rine I	Perforati	on
Fetus viable?		If	viahl	le medica	reason for tern	nination:					- 🗆	Hemorrhag	ge	☐ Cer	vical	Lacerati	ion
Yes I	No		viaoi	ic, medica	reason for term	imiation.						Infection		☐ Reta	ained	l Product	ts
												Other (Spe	cify)				
Pathological examin performed?	ation	If	yes,	results:													
☐ Yes ■	No										Did th			regnancy res	sult i	n a mate	rnal death?
Type of Termination								nation Pro	cedu	res							
Procedure that Term	inated	l Pregn	ancy					Addition	al Pı	ocedui	e that Te	rminated P	regnanc	су			
Medical (Nonsurgical) Mifepristone												Mifepristor					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)												Misoprosto Other (<i>Spec</i>					
☐ Medical (Surgio												tion Curetta					
Medical (Surgio												er (Specify)	ration				
For Medical (Surgical	al) pro	ocedure	es, an	swer the fe	ollowing question	on.		For Med	ical (Surgic	al) proce	dures, ansv	ver the 1	following qu	iestic	on.	
Was the fetus viable ☐ Yes ☐	le or l		ost f	ertilization	age at least 20	weeks?				_	le or hav	e a post fer	tilizatio	n age at leas	st 20	weeks?	
If the previous quest	ion w	as ansv	vered	yes, comp	olete the followi	ing questio	ons.	If the pre	eviou	s ques	tion was	answered y	es, com	plete the fol	llowi	ng quest	tions.
Was the fetus given ☐ Yes ☐			portu	nity to sur	vive?						n the bes No	st opportuni	ty to su	rvive?			
What was the basis that required the prwoman?									quire					pregnant wo erious impai			
Date last normal men	nses h	egan				Physicis	an estimate	e of gestati	on G	n weel	<u>(S)</u>	Post fe	ertilizati	ion age of th	ie fet	us (in w	eeks)
11/01/2017							9		week	/	1 551 10		7		(111 110		
How were the gestat ULTRASOUND EX		-	-	t fertilizati	on age determir	ned?											
Full name of physici	_		ng ter	mination													
Address of physician	n perfe	orming				et, city, stat	te, and zip	code)									
1201 N ARLINGTO	νN Α\	/ ⊨, INI	DIAN	IAPULIS	IN 46219												
**Date Reported t	o DC	CS, if F	Patier	nt under 1	4 (month, day,	year):							_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address THE WOMEN'S MED CENTER O INDIANAPOLIS, IN, 46219		LINGTON AVE,	City or town,		ncy terminati	on	County of pregnand	cy termination			
Patient's age** M	., .	Date of pregnancy term	nination	Educat	tion						
27 M	arried ☐ Yes ■ No	12/29/20		Educai	HOH	Ass	ociate Degree				
Race American Indian or A Native Hawaiian or C		☐ Asian ■ Blace ☐ White ☐ Other	ck or African Ar	merican	Unknow		y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Number now living	0			Number nov	w deceased	0				
Other Terminations:	Number of spontaneou	s terminations 0			Number of	induced termi	inations 1				
Dates of terminations (D	o not include this termine	,	<i>''</i>	cent.)							
Fetus delivered alive?	If yes, length of tin	me fetus survived:	4			Compli	cation(s) of Pregnanc	y Termination			
Yes No	ii yes, iengui oi ui	ne retus survived.					_	ne Perforation			
						Hemorrhag		cal Laceration			
Fetus viable?	If viable, medical	reason for termination:		☐ Infection ☐ Retained Products							
☐ Yes ■ No							_	ied Products			
Dath de die de de de de de	TG 16					Other (Spe	cify)				
Pathological examination performed?	n If yes, results:										
☐ Yes ■ No						this terminati Yes N		It in a maternal death?			
	I					100					
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurgic	cal) Misoprostol			Medical	(Nonsurgical) Misoprosto	1				
☐ Medical (Nonsurgic	cal) Other (Specify)			Medical	(Nonsurgical	Other (Spec	cify)				
Medical (Surgical)	Suction Curettage Menstrual Aspiration					action Curetta lenstrual Aspi					
Medical (Surgical)						ther (Specify)					
For Medical (Surgical) p	procedures, answer the fol	lowing question.	For	Medical (Surgical) pro	cedures, ansv	ver the following que	stion.			
Was the fetus viable or	have a post fertilization	age at least 20 weeks?	w	as the fetu	us viable or h	ave a post fer	tilization age at least	20 weeks?			
☐ Yes ☐ N	No			☐ <i>7</i>	es No	•	· ·				
If the previous question	was answered yes, compl	ete the following question	ons. If th	ne previou	s question wa	as answered y	es, complete the follo	owing questions.			
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv	ive?	w		us given the b		ty to survive?				
		. 1.1	1.4.		_		1	1 1 12			
that required the proceed	determination that the pr dure to avert death or seri		regnant th	at required			that the pregnant won ath or serious impairs				
woman?			We	oman?							
	,				* ,	- I					
Date last normal menses	began 11/10/2017	Physici	an estimate of g	estation (i	n weeks)	Post fe	ertilization age of the	ietus (in weeks)			
How were the gestationa		n age determined?			<u> </u>						
ULTRASOUND EXAM	INATION										
Full name of the '	oorforming to										
Full name of physician p DR. JEFFREY D. GLA	-										
	rforming termination (num		te, and zip code)							
1201 N ARLINGTON A	AVE, INDIANAPOLIS,	IN 46219									
**Date Reported to D	CS, if Patient under 14	4 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF	S INDIANAPOLIS - 1201 N AR	RLINGTON AVE,	City or tow	vn, of pregna	ncy termin			County of preg	nancy te		
Patient's age**	Mar	ried	Date of pregnancy term	ination	Educat	tion						
22		Yes No	12/29/20 ⁻	17			-		ollege, No Degi	ee		
Race American Indian Native Hawaiian			☐ Asian ☐ Blac ■ White ☐ Other	k or African er	American	Unkn		■ Not I	y anic or Latino Hispanic or Latin	0	Unknown	
Live Births:			1					uced termi	0			
Other Termination	5.	Number of spontaneou	1			Nulliber	or mu	iced termi	0			
Dates of termination 2016	is (<i>Do</i>		ation. If more than six (6		recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					Compli	cation(s) of Pregn	ancy Te	ermination	
☐ Yes ■ 1	INO						■ N	None	☐ U	terine Po	erforation	
Fetus viable?		If viable medical	reason for termination:				□ F	Hemorrhag	e 🗌 Ce	ervical I	Laceration	
Yes •	No	ii viuoie, medicar	reason for termination.				I	nfection	☐ Re	etained l	Products	
								Other (Spec	cify)			
Pathological examin	ation	If yes, results:										
performed?	No					-	Nid this	tomainoti	on of maconomova	nogylt in	a matamal death?	
105	110						Id this Yes			esult in	a maternal death?	
	of Terminat	tion Procedur	res									
Procedure that Term	inated	Pregnancy		A	Additional Pr	ocedure th	nat Terr	minated Pr	regnancy			
Medical (Nonsu	ırgical) Mifepristone			☐ Medical	(Nonsurgi	ical) M	lifepriston	e			
Medical (Nonsu	ırgical				Medical	(Nonsurgi	ical) M	lisoprostol other (Spec	1			
- Wedlear (Tvonse	ngicai) Giller (specify)			iviculcai	(1 tollsuigi	icai) O	инег (Брее	957			
				_								
☐ Medical (Surgio	cal) M	action Curettage Tenstrual Aspiration		1 =	☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration							
Medical (Surgio						(Surgical)						
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If the previous quest	ion wa	as answered yes, comp	lete the following question	ons. I	f the previou	s question	ı was aı	nswered ye	es, complete the f	ollowin	g questions.	
	n the b	pest opportunity to surv	vive?			us given th		opportuni	ty to survive?			
			regnant woman had a con ious impairment to the pr						hat the pregnant vath or serious imp			
woman?	occul	io to avert deadl of ser	тов паранисть то те рг	Cgnant	woman?	a are proce	cause t	ο ανειί αθέ	am or serious imp	an mem	to the pregnant	
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How were the gestat		7					5					
ULTRASOUND EX												
L												
Full name of physici												
DR. JEFFREY D. G Address of physician			mber and street, city, stat	te, and zip co	ode)							
	-	E, INDIANAPOLIS,		, a								
**Date Reported t						_						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/02/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Patient's ages** Married Yes No 122/20/2017 Education Debugger Education Debugger Education Debugger Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	ddress TER OF IN	IDIANAPOLIS - 1201 N	I ARLINGTON AVE,		City or t	own, of pregna	ncy termi			County of pregnancy termination MARION	
Activation Technical Content Technical C		1									
American Incidence of Alasha Narive National Nati	28	_			-		Educat	tion			•
Number on wisting	American Indian			_	=		an American	□ Unkn	nown	☐ Hispa	anic or Latino
Other Terminations Number of spontaneous scriminations Dates of terminations (Pro our brief did the combination, If more shows sit (th), those more recent.) **Entity of the combination of the combinat	Live Births:	N	lumber now living								
Peter delivered allows None Uterine Perforation If yes, length of time fetus survived:	Other Termination	s: N	lumber of spontan		3			Number	of ind	uced termi	nations
Potest delivered alword	Dates of termination	s (Do no	ot include this tern	nination. If more t	than six (6),	those mo	ost recent.)				U
None Christian Perforation	1	2	2	3			4		5		6
Section Visible? If Visible, medical reason for harmination: Illenormbage Cervical Laceration Pathological examination If yes, results: Illenormbage Cervical Laceration Retained Products Other (Specify) Other (Specify) Ves			If yes, length o	f time fetus surviv	ved:					Complic	cation(s) of Pregnancy Termination
Fets visible? No No No No No No No N		110							■ N	None	☐ Uterine Perforation
Pathological examination performed?	Fetus viable?		If viable, medic	cal reason for term	nination:				☐ F	Hemorrhag	e Cervical Laceration
Pathological examination performed? No		No	ii vinoto, mour						☐ I	nfection	☐ Retained Products
Did this termination of pregnancy result in a maternal death?										Other (Spec	cify)
Type of Termination Procedures Type of Termination Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgi		ation	If yes, results:								
Type of Termination Procedures Procedure that Terminated Pregnancy	*	No						-	Did this	tormination	on of prognancy result in a maternal death?
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How were the gestational age and post fertilization age determined? ULTRASOUND EXAMINATION Full name of physician performing termination DR. JEFFREY D. GLAZER Address of physician performing termination (number and street, city, state, and zip code) 1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219											
How were the gestational age and post fertilization age determined? ULTRASOUND EXAMINATION Full name of physician performing termination DR. JEFFREY D. GLAZER Address of physician performing termination (number and street, city, state, and zip code) 1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219											
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Full name of physician performing termination DR. JEFFREY D. GLAZER Address of physician performing termination (number and street, city, state, and zip code) 1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219	Date last normal me	_			Physician	n estimate	-	n weeks)		Post Ie	_
Full name of physician performing termination DR. JEFFREY D. GLAZER Address of physician performing termination (number and street, city, state, and zip code) 1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219	How were the gestational age and post fertilization age determined?									<u>l</u>	
DR. JEFFREY D. GLAZER Address of physician performing termination (number and street, city, state, and zip code) 1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219	ULTRASOUND EX	AMINA	TION								
DR. JEFFREY D. GLAZER Address of physician performing termination (number and street, city, state, and zip code) 1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219											
1201 N ARLINGTON AVE, INDIANAPOLIS, IN 46219		-	-	1							
	= :	-	-		et, city, state	, and zip	code)				
**Date Reported to DCS, if Patient under 14 (month, day, year):	1201 N ARLINGTO	N AVE	, INDIANAPOLI	S, IN 46219							
**Date Reported to DCS, if Patient under 14 (month, day, year):											
**Date Reported to DCS, if Patient under 14 (month, day, year):											
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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	ddress	NDIANAPOLIS - 1201 N ARL	INGTON AVE,	City or		ancy termination		County of pregnancy termination MARION			
				•							
Patient's age** 32	Marri	ied □ Yes ■ No		ncy termination 2/29/2017	Educa			llege, No Degree			
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	■ Black or Afri □ Other	ican American	Unknown	Not H	nic or Latino 🔲 Unknown			
Live Births:	1	Number now living	2			Number now de	eceased	0			
Other Terminations	s:	Number of spontaneous	s terminations			Number of indu	iced termin	ations 0			
Dates of terminations		not include this termina		an six (6), those r	nost recent.)	5		6			
Fetus delivered alive	?	If yes, length of tin	ne fetus survive	d:			Complica	ation(s) of Pregnancy Termination			
☐ Yes ■ N	No					■ N	lone	☐ Uterine Perforation			
						пн	Iemorrhage	e Cervical Laceration			
Fetus viable?	ντ_	If viable, medical r	eason for termin	nation:			Ç	_			
☐ Yes ■ N	NO						nfection	Retained Products			
							Other (Speci	ify)			
Pathological examina performed?	ation	If yes, results:									
■ Yes □ I	No	CHORIONIC VILL	_AE, GESTAT	IONAL SAC		Did this ☐ Yes		n of pregnancy result in a maternal death?			
Type of Termination Procedures											
Procedure that Termi	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
_					1_						
☐ Medical (Nonsu ☐ Medical (Nonsu	rgical)	Misoprostol			☐ Medical	(Nonsurgical) M (Nonsurgical) M	Iisoprostol				
Medical (Nonsu	rgical)	Other (Specify)			☐ Medical	(Nonsurgical) O	ther (Speci	fy)			
Medical (Surgic						(Surgical) Suction					
☐ Medical (Surgic☐ Medical (Surgic		enstrual Aspiration her (Specify)			☐ Medical ☐ Medical	(Surgical) Mensi (Surgical) Other	trual Aspira (<i>Specify</i>)	ation			
For Medical (Surgica	al) proc	cedures, answer the foll	owing question		For Medical	(Surgical) procedu	ures, answe	er the following question.			
Was the fetus viabl ☐ Yes ☐	_	ve a post fertilization a	ige at least 20 w	eeks?		us viable or have Yes	ole or have a post fertilization age at least 20 weeks?				
	_	s answered yes, comple	ete the following	g questions.		_	nswered ye	s, complete the following questions.			
Was the fetus giver ☐ Yes ☐		est opportunity to survi	ve?			us given the best of	opportunity	y to survive?			
	_	timet de la				_		1.1.22			
		termination that the pre e to avert death or serio						at the pregnant woman had a condition th or serious impairment to the pregnant			
woman:					woman:						
Date last normal mer		gan NKNOWN		Physician estima	ate of gestation (a	in weeks)	Post fer	tilization age of the fetus (in weeks) 8			
How were the gestational age and post fertilization age determined?							1				
ULTRASOUND EX	AMIN	ATION, PELVIC EXA	AMINATION								
Full name of physicis DR. JEFFREY D. G	LAZE	R									
	-	rming termination (nun E, INDIANAPOLIS, I		city, state, and zi	ip code)						
.201 II AILLINGTO		-, AIDIANAI OLIO, II									
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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	OMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE,						mination .IS	County of pregnand	ey termination RION				
Patient's age**	Maı	ried	Date of pregnancy term	ination	Educa	tion							
30		Yes No	12/29/201						ociate Degree				
Race American Indian Native Hawaiian			Asian Blac Othe	k or African Ar r	merican		iknown oer now d	■ Not I	v anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number of spontaneou	1 s terminations			Numl	per of indi	uced termin	0 nations				
Other Termination			0 ation. If more than six (6)	those most re	cont)				3				
2017		2. 2016	2016	4			56						
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	nplication(s) of Pregnancy Termination				
☐ Yes ■ I	No			■ None □ Ut						e Perforation			
Fetus viable?		If viable medical	reason for termination:		☐ Hemorrhage ☐ Cervical La								
Yes I	No	ii viaole, illedicar	reason for termination.		☐ Infection ☐ Retained Prod								
								Other (Spec	cify)				
Pathological examin	ation	If yes, results:											
performed? • Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC			Did this	termination	on of pregnancy resu	t in a maternal death?			
							Yes			t iii a matemar deam.			
										-			
			Туре	of Termination	Procedu	res							
Procedure that Term	inated	l Pregnancy		Ado	litional Pı	ocedur	e that Ter	minated Pr	regnancy				
Medical (Nonsu								lifepriston					
☐ Medical (Nonsu ☐ Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)						Iisoprostol ther (<i>Spec</i>					
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Medical (Surgional Control 2 (le-	uction Curettage		— I 	Medical	(Surgic	val) Sucti	on Curetta	ge.					
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										_			
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing question.	For	Medical	(Surgica	al) proced	ures, answ	ver the following ques	stion.			
	le or l ■ No		age at least 20 weeks?	W		us viabl Yes [a post fert	tilization age at least	20 weeks?			
If the previous quest	ion w	as answered yes, comp	lete the following questio	ns. If th	ne previou	is quest	ion was a	nswered ye	es, complete the follo	wing questions.			
Was the fetus given ☐ Yes ☐		pest opportunity to surv	vive?	W		us givei Yes [opportunit	ty to survive?				
			regnant woman had a con ious impairment to the pr	egnant th					hat the pregnant won ath or serious impairs				
Date last normal men	nses b	egan	Physicia	n estimate of g	estation (i	in week.	s)	Post fe	ertilization age of the	fetus (in weeks)			
77 3		NKNOWN			8				6				
		age and post fertilization AATION, PELVIC EX											
Full name of physici	an pe	rforming termination											
DR. JEFFREY D. G					1								
	-	orming termination (null) (F, INDIANAPOLIS,	mber and street, city, stat IN 46219	e, and zip code	,								
		·											
**Date Reported t	o DC	S, if Patient under 1	4 (month, day, year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/02/2018

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy terminat MARION						
Patient's age** 21	Marrie [d Yes • No	Date of pregnancy term 12/29/20		Educat	tion		ollege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ Blace ■ White ☐ Other		an American	Unknown	Ethnicity Hispa	y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living	0			Number now d	eceased	0		
Other Termination	s: N	umber of spontaneou	s terminations 0			Number of ind	uced termi	nations 0		
			ation. If more than six (6			5		6		
Fetus delivered alive		If yes, length of tin			4	5		cation(s) of Pregnancy Termination		
☐ Yes ■	No	3 / 2				1	None	☐ Uterine Perforation		
						I	Hemorrhag	e Cervical Laceration		
Fetus viable? Yes	No	If viable, medical	reason for termination:				nfection	Retained Products		
				☐ Other (Specify)						
Pathological examin	ation	If yes, results:					(1	- 377		
performed?	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did this	s terminati	on of pregnancy result in a maternal death?		
			,			☐ Yes				
			Тур	e of Termi	nation Procedur	res				
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Ter	minated Pr	regnancy		
Medical (Nonsu					☐ Medical	(Nonsurgical) M (Nonsurgical) M	Aisopresto	e 1		
Medical (Nonsu	irgical)	Other (Specify)			Medical	(Nonsurgical) (Nonsurgical)	Other (Spec	rify)		
Medical (Surgio						(Surgical) Sucti				
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)			Medical Medical	(Surgical) Mens (Surgical) Other	strual Aspi r (<i>Specify</i>)	ration		
For Medical (Surgic	al) proce	edures, answer the fol	lowing question.		For Medical (Surgical) proced	lures, answ	ver the following question.		
	_	e a post fertilization	age at least 20 weeks?				a post fer	tilization age at least 20 weeks?		
	■ No	anguaged vos samel	ata tha fallowing quarti		If the marrier	_	marramad v	on complete the following questions		
		answered yes, complete opportunity to surv	ete the following question	ons.		s question was a	•	es, complete the following questions.		
Yes [opportunity to surv				Yes No	оррогии	ty to survive.		
			egnant woman had a corous impairment to the p					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	occurre	to avert death of sen	ous impairment to the p	regnam	woman?	a the procedure t	o avert det	and of serious impuriment to the pregnant		
					l					
Date last normal me	_	an 15/2017	Physici	an estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestat			n age determined?		•					
ULTRASOUND EX	AMINA	TION, PELVIC EX	AMINATION							
Full name of alarming	ion mare	emina tamain-ti								
Full name of physici	SLAZER	₹								
Address of physician 1201 N ARLINGTO	_	-	nber and street, city, sta N 46219	te, and zip	code)					
		,								
**Date Reported t	to DCS,	if Patient under 14	1 (month, day, year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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	TER OF	S INDIANAPOLIS - 1201 N AR	LINGTON AVE,	City		ancy termination	County of pregnancy termination MARION	1			
INDIANAPOLIS, IN, 46219					INDIA	OLIO	INIALION				
Patient's age** 21	Mar	ried No		ancy termination	Educa		igh School Diploma or GED				
Race American Indian Native Hawaiian			Asian White	■ Black or Af	rican American	Unknown		own			
Live Births:		Number now living	0			Number now d	eceased 0				
Other Termination	ıs:	Number of spontaneou	s terminations			Number of ind	uced terminations 0				
		not include this termine					·				
Fetus delivered alive		If yes, length of tir			4	Complication(s) of Pregnancy Termination	1				
Yes •		if yes, length of the	ne retus sur viv	cu.		_					
Fetus viable?		If viable, medical	reason for term	nination:			Hemorrhage Cervical Laceration	<u>l</u>			
☐ Yes ■	No						nfection Retained Products				
							Other (Specify)				
Pathological examin performed?	ation	If yes, results:									
■ Yes □	No	CHORIONIC VIL	LAE, GESTA	TIONAL SAC		Did this	s termination of pregnancy result in a materns	al death?			
							S - NO				
				Type of Terr	mination Procedu	ires					
Procedure that Term	inated	Pregnancy			Additional P	rocedure that Ter	minated Pregnancy				
☐ Medical (Nonsu	ırgical) Mifepristone			☐ Medical	(Nonsurgical) N	Aifepristone				
☐ Medical (Nonsu	ırgical				☐ Medical	(Nonsurgical) N	Misoprostol				
ivicultar (1 vonst	ai gicai) Other (Speetyy)			Medical (Nonsurgical) Other (Specify)						
					-						
☐ Medical (Surgio	cal) M	uction Curettage lenstrual Aspiration			☐ Medical	(Surgical) Sucti (Surgical) Mens	strual Aspiration				
Medical (Surgio	cal) O	ther (Specify)			Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) pro	cedures, answer the fol	lowing question	on.	For Medical	(Surgical) proceed	lures, answer the following question.				
Was the fetus viab ☐ Yes [ave a post fertilization	age at least 20	weeks?		tus viable or have Yes 🔲 No	a post fertilization age at least 20 weeks?				
If the previous quest	ion wa	as answered yes, compl	ete the followi	ng questions.	If the previous	us question was a	nswered yes, complete the following question	ns.			
Was the fetus give		est opportunity to surv	ive?			tus given the best Yes \(\Boxed{\text{No}}\) No	opportunity to survive?				
		etermination that the pr					mination that the pregnant woman had a con-				
that required the pro- woman?	rocedu	re to avert death or seri	ous impairmer	nt to the pregnant	that require woman?	ed the procedure t	o avert death or serious impairment to the pro-	egnant			
Date last normal me		-		Physician estim	nate of gestation (in weeks)	Post fertilization age of the fetus (in week	ks)			
How were the gestat		NKNOWN age and post fertilizatio	n age determin	ed?	12		10				
		ATION, PELVIC EXA									
Full name of physicion DR. JEFFREY D. C	SLAZ	≣R									
	_	rming termination (nur		t, city, state, and z	zip code)						
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF I	NDIANAPOLIS - 1201 N AR	LINGTON AVE,	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION								
Patient's age**	Marri		Date of pregnancy term		Educat	tion		iah C-!	ol Diplom	GED		
Race		Yes No	12/29/201	1/			Н	Ethnicity	ol Diploma or	GED		
American Indian Native Hawaiian			☐ Asian ☐ Blac ☐ White ☐ Othe	k or African A	American	Unkn		Hispa	anic or Latino Hispanic or Latin	o [Unknown	
Live Births:	1	Number now living	2			Number	now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations			Number	of ind	uced termi	nations 0			
Dates of termination 1. 2011	s (Do n		ation. If more than six (6)		recent.)		5	5 6				
Fetus delivered alive		If yes, length of ti	me fetus survived:					Compli	cation(s) of Pregr	nancy Terr	nination	
☐ Yes ■ I	No						■ N	None	☐ U	terine Per	foration	
Fetus viable?		TC : 11 1: 1	· · · · ·	☐ Hemorrhage ☐ Cervica							ceration	
Yes I	No	ii viable, medicai	reason for termination:		☐ Infection ☐ Retained Produ							
								Other (Spec	cify)			
Pathological examin	ation	If yes, results:										
performed? • Yes	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		-	Did this	tomainoti	on of maconomov.	magnile in a	matamal daath?	
	NO						Yes		on of pregnancy	result in a	maternal death?	
			of Terminati	on Procedur	es							
Procedure that Term	inated	Pregnancy		A	dditional Pr	ocedure th	hat Ter	minated Pr	regnancy			
☐ Medical (Nonsu	ırgical)	Mifepristone] Medical	(Nonsurgi	ical) M	lifepriston	e			
☐ Medical (Nonsu	ırgical)				Medical	(Nonsurgi	ical) N	lisoprostol other (Spec	l			
- Wedlear (Tvonse	ii gicai)	Other (Speedy)			J Wiedicai	(1 tonsuigi	icar) C	инег (Брес	997			
	1) 6			Medical (Surgical) Suction Curettage								
	cal) Me	enstrual Aspiration			Medical	(Surgical)) Mens	trual Aspi				
Medical (Surgio	cal) Ot	her (Specify)			Medical	(Surgical)) Other	(Specify)				
For Medical (Surgical	al) proc	cedures, answer the fo	llowing question.	Fe	or Medical (Surgical)	proced	ures, answ	ver the following	question.		
	le or ha No	ve a post fertilization	age at least 20 weeks?			us viable o Yes 🔲		a post fert	tilization age at lo	east 20 we	eks?	
If the previous quest	ion was	s answered yes, compl	ete the following question	ons. If	the previou	s question	ı was a	nswered ye	es, complete the	following	questions.	
	n the be	est opportunity to surv	ive?			us given th		opportuni	ty to survive?			
			regnant woman had a con						hat the pregnant			
that required the pr woman?	rocedur	e to avert death or seri	ious impairment to the pr		that required woman?	d the proce	edure t	o avert dea	nth or serious imp	pairment to	o the pregnant	
Date last normal men	nses be	gan	Physicia	an estimate of	gestation (i	n weeks)		Post fe	rtilization age of	the fetus	(in weeks)	
	10	0/13/2017			10	,				8	. ,	
_		ge and post fertilization ATION, PELVIC EX	=									
3DOOND LA												
Full name of physici	ian perf	Forming termination										
DR. JEFFREY D. G	SLAZE	R										
	-	ming termination (number INDIANAPOLIS,	mber and street, city, stat IN 46219	te, and zip cod	te)							
		,										
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day, year):									

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219						ancy termination	County of pregnancy termination MARION				
The state of the s			D. C.		T = -						
Patient's age** 21	Marri	ed Yes No		ncy termination 2/29/2017	Educa		igh School Diploma or GED				
Race American Indian of Native Hawaiian of	or Oth	er Pacific Islander	Asian White	☐ Black or Afr	ican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown				
Live Births:	1	Number now living	0			Number now de	eceased 0				
Other Terminations	s: 1	Number of spontaneous	s terminations 0			Number of indu	aced terminations				
Dates of terminations	s (Do n	ot include this termina	tion. If more the	an six (6), those i	most recent.)						
1		2	3		4	5	Complication(s) of Pregnancy Termination				
Fetus delivered alive? Yes N		If yes, length of tin	ne fetus surviveo	1:							
					■ None ☐ Uterine Per						
Fetus viable?		If viable, medical r	eason for termin	nation:	Hemorrhage Cervical I						
☐ Yes ■ N	Vо					☐ In	nfection Retained Products				
							Other (Specify)				
Pathological examina	ation	If yes, results:									
performed? • Yes • N	No	CHORIONIC VILI	LAE, GESTAT	IONAL SAC		termination of pregnancy result in a maternal death					
						Yes					
				Type of Tern	nination Procedu	res					
Procedure that Termi	nated	Pregnancy			Additional P	rocedure that Tern	ninated Pregnancy				
☐ Medical (Nonsur	rgical)	Mifepristone			☐ Medical	(Nonsurgical) M	lifepristone				
Medical (Nonsur	rgical)	Misoprostol			Medical	(Nonsurgical) M	lisoprostol ther (Specify)				
Wiedlear (Tonsur	igicai)	Other (speetyy)			☐ Medical (Nonsurgical) Other (Specify)						
					Medical (Surgical) Suction Curettage						
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical	ction Curettage enstrual Aspiration			Medical Medical	(Surgical) Suction (Surgical) Menst	on Curettage trual Aspiration					
Medical (Surgica					Medical (Surgical) Other (Specify)						
For Medical (Surgica	ıl) proc	edures, answer the following	lowing question		For Medical	(Surgical) procedu	ures, answer the following question.				
Was the fetus viable	e or ha	ve a post fertilization a	nge at least 20 w	eeks?	Was the fet	tus viable or have	a post fertilization age at least 20 weeks?				
☐ Yes ■	No					Yes No					
If the previous question	on was	s answered yes, comple	ete the following	g questions.	If the previou	us question was an	nswered yes, complete the following questions.				
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?			tus given the best of Yes \text{No}	opportunity to survive?				
	_	termination that the pro	agnant woman h	ad a condition		_	mination that the pregnant woman had a condition				
that required the pro		e to avert death or serie			that require		o avert death or serious impairment to the pregnant				
woman?					woman?						
Date last normal men		gan /05/2017		Physician estima	ate of gestation (in weeks)	Post fertilization age of the fetus (in weeks) 5				
How were the gestation		ge and post fertilization	n age determine	1?			1 3				
ULTRASOUND EXAMINATION, PELVIC EXAMINATION											
Full name of physicia DR. JEFFREY D. G											
	-	ming termination (nun E, INDIANAPOLIS, I		city, state, and z	ip code)						
.201 N ANLINGTO		-,	70213								
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or town, of pregnancy termination County of pregnancy terminat MARION							
Patient's age** 26	Marrie [d Yes • No	Date of pregnancy term 12/29/20		Educat	tion		nelor's Degree			
Race American Indian Native Hawaiian			☐ Asian ■ Bla ☐ White ☐ Oth		an American	Unknown		y anic or Latino Hispanic or Latino			
Live Births:	N	umber now living	0			Number now o	leceased	0			
Other Termination	s: N	umber of spontaneou				Number of ind	luced termi				
Dates of termination			ution. If more than six (5		6			
Fetus delivered alive		If yes, length of tin			4			cation(s) of Pregnancy Termination			
☐ Yes ■ 1	No						None	☐ Uterine Perforation			
							Hemorrhag	e Cervical Laceration			
Fetus viable? Yes	No	If viable, medical	reason for termination:				Infection	Retained Products			
				☐ Other (Specify)							
Pathological examin	ation	If yes, results:			-927						
performed?	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did thi	c torminati	on of pregnancy result in a maternal death?			
	110										
Γ											
			Тур	e of Termi	nation Procedur	res					
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that Ter	rminated Pr	regnancy			
Medical (Nonsu					☐ Medical	(Nonsurgical) N	Mifepriston	ne			
Medical (Nonsu	irgical) irgical)	Misoprostol Other (Specify)			Medical Medical	(Nonsurgical) (Nonsurgical) (Misoprosto Other (Spec	ify)			
Medical (Surgional Control cal) Suc	tion Curettage			☐ Medical	(Surgical) Suct	ion Curetta	ge				
	cal) Mer	strual Aspiration		Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
	,	(-1 - 33)			Interior (outgreat) Other (opening)						
For Medical (Surgic	al) proce	edures, answer the fol	lowing question.		For Medical (Surgical) proce	dures, answ	ver the following question.			
			age at least 20 weeks?					tilization age at least 20 weeks?			
☐ Yes [■ No	•			_ \ \	Yes No	-	•			
			ete the following questi	ons.			•	es, complete the following questions.			
Was the fetus give: ☐ Yes [st opportunity to surv	ive?			us given the best Yes \(\sime\) No	t opportuni	ty to survive?			
			egnant woman had a co					hat the pregnant woman had a condition			
woman?	rocedure	to avert death or sen	ous impairment to the p	regnant	woman?	a the procedure	to avert dea	ath or serious impairment to the pregnant			
Date last normal me	_		Physic	ian estimat	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
How were the gestat		01/2017 e and post fertilizatio	n age determined?		8			6			
ULTRASOUND EX	_	=	=								
Full name of physici DR. JEFFREY D. 0	-	-									
Address of physician 1201 N ARLINGTO	_	-	nber and street, city, sta N 46219	ate, and zip	code)						
		,									
**Date Reported t	to DCS,	if Patient under 14	(month, day, year):					_			

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Facility Name and A THE WOMEN'S MED CEN' INDIANAPOLIS, IN, 46219	TER OF	; INDIANAPOLIS - 1201 N A	RLINGTON AVE,	City or tow	City or town, of pregnancy termination INDIANAPOLIS County of pregnancy termination MARION								
Patient's age**	Mari		Date of pregnancy term	nination	Educat	tion							
25		☐ Yes ■ No	12/29/20	17			Н		ool Diploma or	GED			
Race American Indian Native Hawaiian	or Otl	ner Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Other	k or African . er	American	Unl		■ Not I	y anic or Latino Hispanic or Latir	10	Unknown		
Live Births:		Number now living	1				er now d		0				
Other Termination	s:	Number of spontaneo	ous terminations 0			Numbe	er of ind	uced termi	nations 0	_			
Dates of termination	s (Do		nation. If more than six (6		recent.)		5						
Fetus delivered alive	e?	1	ime fetus survived:	4			Complication(s) of Pregnancy Termination						
☐ Yes ■	No						• 1	None	□ t	Jterine I	Perforation		
							П	Hemorrhag	te □ C	Cervical	Laceration		
Fetus viable? Yes	No	If viable, medical	reason for termination:					nfection	_		Products		
									_		100000		
Pathological examin	ation	If yes, results:						Other (Spec	cijy)				
performed?		11 ,00, 1000110.											
☐ Yes ■	No						Did this			result i	n a maternal death?		
							☐ Yes ■ No						
			Туре	of Terminati	ion Procedur	res							
Procedure that Term	inated	Pregnancy		A	Additional Pr	ocedure	that Ter	minated Pr	regnancy				
Medical (Nonsu				_				/lifepriston					
Medical (Nonsu Medical (Nonsu) Misoprostol) Other (Specify)						Aisoprostol Other (Spec					
	_						- / -	. 1					
Medical (Surgional Control eal) Si	ection Curettage		_	Medical (Surgical) Suction Curettage									
☐ Medical (Surgio	cal) M	enstrual Aspiration		[Medical	(Surgica	al) Mens	strual Aspi	ration				
Medical (Surgio	aı) O	mer (<i>specify)</i>			Medical (Surgical) Other (Specify)								
For Madical (Com.)	o1) ===	anduras anavered. C	llowing question		For Medical (Surgical) procedures, answer the following question.								
	_	cedures, answer the fo				_	_		_	_			
	le or h ■ No		age at least 20 weeks?			us viable Yes		a post fert	tilization age at l	east 20	weeks?		
If the previous quest	ion wa	is answered yes, comp	blete the following question	ons. If	f the previou	s questio	on was a	nswered ye	es, complete the	followi	ng questions.		
	n the b	est opportunity to sur	vive?			us given Yes		opportuni	ty to survive?				
			oregnant woman had a cor rious impairment to the pr								had a condition		
woman?	occuu	to to avert death of se.	почо пирапитент то ше рі		woman?	a are pro	ecuuit l	o aven uci	ani or serious illi	Panne	n to the pregnant		
Date last normal me		-	Physicia	an estimate of	-	n weeks,)	Post fe	ertilization age of		us (in weeks)		
How were the gestat		0/31/2017 Ige and post fertilization	on age determined?		8					6			
_		ATION,PELVIC EX	=										
Γ													
Full name of physici DR. JEFFREY D. 0													
	-	-	umber and street, city, star	te, and zip co	de)								
1201 N AKLINGTO	N AV	E, INDIANAPOLIS,	IN 40219										
**Date Reported t	to DC	S, if Patient under 1	4 (month, day, year):						_				

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Facility Name and Active WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	NDIANAPOLIS - 1201 N ARI	City or		ancy termination		County of pregnancy termination MARION					
				•			•				
Patient's age** 29	Marri	ied □ Yes ■ No	Date of pregnar	ncy termination 2/29/2017	Educa			llege, No Degree			
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	=	☐ Black or Afri ☐ Other	can American	Unknown	■ Not H	nic or Latino 🔲 Unknown			
Live Births:	1	Number now living	0			Number now de	eceased	0			
Other Terminations	: 1	Number of spontaneous				Number of indu	iced termin	ations			
		not include this termina	tion. If more that	ın six (6), those n	nost recent.)	5		1			
Fetus delivered alive	?	If yes, length of tin		1.	4		Complica	ation(s) of Pregnancy Termination			
Yes N		ir yes, length of thi	ic ictus survivec		■ None □ Uter						
								_			
Fetus viable?		If viable, medical r	eason for termin	ation:		L H	Iemorrhage	☐ Cervical Laceration			
☐ Yes ■ N	Ю					☐ Retained Products					
						(fy)					
Pathological examina	ation	If yes, results:									
performed?	. 7	CHORIONIC VILI	AE GESTAT	IONAL SAC							
■ Yes □ N	No	CHORIONIC VILI	LAE, GESTATI	IONAL SAC		Did this Yes		n of pregnancy result in a maternal death?			
		'									
				Type of Term	ination Procedu	res					
Procedure that Termi	nated	Pregnancy			Additional Pr	rocedure that Terr	minated Pre	egnancy			
_					l <u>_</u>						
Medical (Nonsur Medical (Nonsur						(Nonsurgical) M (Nonsurgical) M					
☐ Medical (Nonsur	rgical)	Other (Specify)			☐ Medical	(Nonsurgical) O	ther (Speci	fy)			
Medical (Surgical)	al) Su	ction Curettage			☐ Medical	(Surgical) Suction	on Curettag	re			
☐ Medical (Surgical	al) Me	enstrual Aspiration			☐ Medical	(Surgical) Mens	trual Aspira				
Medical (Surgical	ai) Ot	ner (Specify)			☐ Medical (Surgical) Other (Specify)						
For Medical (Surgica	ıl) proc	cedures, answer the following	lowing question.		For Medical	(Surgical) proced	ures, answe	er the following question.			
Was the fetus viable ☐ Yes ■	_	we a post fertilization a	age at least 20 w	eeks?		us viable or have Yes	a post ferti	lization age at least 20 weeks?			
If the previous questi	on was	s answered yes, comple	ete the following	questions.	If the previou	is question was ar	nswered yes	s, complete the following questions.			
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?			us given the best Yes \(\Boxed{\text{No}}\) No	opportunity	y to survive?			
What was the basis	for de	termination that the pro	egnant woman h	ad a condition	What was t	he basis for deteri	mination th	at the pregnant woman had a condition			
that required the pro woman?	ocedur	e to avert death or serie	ous impairment	to the pregnant	that require woman?	d the procedure to	o avert deat	h or serious impairment to the pregnant			
woman:					woman?						
							1				
Date last normal men		gan)/31/2017		Physician estima	te of gestation (a	in weeks)	Post fer	tilization age of the fetus (in weeks) 9			
=		ge and post fertilization	_	1?			1				
ULTRASOUND EXA	ATION, PELVIC EXA	AMINATION									
Full name of physicia	an perf	Forming termination									
DR. JEFFREY D. G	LAZE	R	shan and I	aiden ad ad a	m ands)						
	-	rming termination (nun E, INDIANAPOLIS, I		city, state, and zij	р соае)						
**Date Reported to	S, if Patient under 14	(month, day, ye	ear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/02/2018

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A THE WOMEN'S MED CENT INDIANAPOLIS, IN, 46219	TER OF IN	DIANAPOLIS - 1201 N AR	LINGTON AVE,	City or town, of pregnancy termination				
Patient's age** 37	Marrie	ed ☐ Yes ■ No	Date of pregnancy term 12/29/20		Educat	cion		ociate Degree
Race American Indian Native Hawaiian			☐ Asian ■ Blac ☐ White ☐ Othe	ek or African er	American	Unknown		/ anic or Latino Hispanic or Latino ☐ Unknown
Live Births:	N	umber now living	3			Number now d	eceased	0
Other Termination	ъ.	umber of spontaneou	2			Number of inde	uced termi	nations 3
Dates of termination 1. 2013		ot include this termina 2015	ation. If more than six (6	* *	t recent.) UNKNOWN		2005	6
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnancy Termination
☐ Yes ■ 1	NO					■ N	None	☐ Uterine Perforation
Fetus viable?		If viable medical	reason for termination:			D	Hemorrhag	e Cervical Laceration
Yes •	No	ii viable, incurcur	reason for termination.			□ I	nfection	☐ Retained Products
							Other (Spec	cify)
Pathological examin	ation	If yes, results:						
performed?	No	CHORIONIC VIL	LAE, GESTATIONAL	SAC		Did this	terminati	on of pregnancy result in a maternal death?
	110					☐ Yes		
			Туре	of Termina	tion Procedure	es		
Procedure that Term	inated P	regnancy		1	Additional Pro	ocedure that Ter	minated Pr	regnancy
☐ Medical (Nonsu	ırgical)	Mifepristone			Medical ((Nonsurgical) M	lifepriston	e
Medical (Nonsu Medical (Nonsu	irgical)	Misoprostol]	Medical ((Nonsurgical) M (Nonsurgical) C	lisoprostol	l
- Wedlear (Fronse	ii gicui)	other (specify)		'	ivicalcur ((Tronsurgicur)	ther (spec	957
				<u>.</u>				
	cal) Mer	nstrual Aspiration		L	Medical ((Surgical) Suction (Surgical) Mens	strual Aspi	
Medical (Surgio	cal) Oth	er (Specify)] [Medical ((Surgical) Other	r (Specify)	
For Medical (Surgice	al) proce	edures, answer the fol	lowing question.	I	For Medical (Surgical) proced	lures, answ	ver the following question.
	le or hav	re a post fertilization	age at least 20 weeks?		Was the fetu		a post fert	cilization age at least 20 weeks?
If the previous quest	ion was	answered yes, compl	ete the following question	ons.	If the previous	s question was a	nswered ye	es, complete the following questions.
Was the fetus gives Yes		st opportunity to surv	ive?			is given the best Yes \(\sime\) No	opportuni	ty to survive?
			regnant woman had a cor ous impairment to the pr					hat the pregnant woman had a condition ath or serious impairment to the pregnant
woman?	ocedure	to avert death of sen	ous impairment to the pr	legnant	woman?	i die procedure t	o avert dea	un of serious impairment to the pregnant
Date last normal me	nses beg	an	Physicia	an estimate o	of gestation (in	n weeks)	Post fe	rtilization age of the fetus (in weeks)
H d		04/2017			8			6
How were the gestat ULTRASOUND EX	_	=	=					
L								
Full name of physici	-	-						
Address of physician	n perform	ning termination (num	mber and street, city, sta	te, and zip co	ode)			
1201 N ARLINGTO	N AVÉ	, INDIANAPOLIS,	IIN 40∠19					
**Date Reported t	to DCS,	, if Patient under 14	4 (month, day, year):					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/02/2018

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					City or town, of pregnancy termination INDIANAPOLIS					County of pregnan	cy termination		
Dationt's ass**			Data of	anar ta	notice:	77.1.	otion						
Patient's age** 32	Ma	rried Yes No	Date of pregn	ancy termin		Educ	ation		Bach	elor's Degree			
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		ıknown	■ Not I	anic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	0					er now d		0			
Other Termination	s:	Number of spontaneou	s terminations 0				Numl	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina				ost recent.)							
Fetus delivered alive	.9	If yes, length of tin				4		5	Complic	cation(s) of Pregnanc	v Termination		
Yes I		ii yes, iengiii oi iii	me retus survivi	eu.				■ None Uterine Perforation					
Fetus viable?		If viable, medical	reason for term	ination:				<u> </u>	Hemorrhag	e 🔲 Cervi	cal Laceration		
☐ Yes ■ I	No								nfection	☐ Retain	ned Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did thi	s termination	on of pregnancy resu	It in a maternal death?		
								☐ Ye					
				Type o	of Termin	nation Procedu	ires						
Procedure that Term	inate	d Pregnancy				Additional F	rocedur	e that Ter	minated Pr	regnancy			
Medical (Nonsu						☐ Medica	l (Nonsu	rgical) N	//////////////////////////////////////	e			
Medical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Spec				
	8	-, (op,)					- ((~ <i>p</i> = -	357			
		Suction Curettage Menstrual Aspiration							on Curetta strual Aspir				
☐ Medical (Surgio	al) (Other (Specify)			Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pr	ocedures, answer the following	llowing questio	n.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.		
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fe	tus viabl	le or have	a post fert	ilization age at least	20 weeks?		
☐ Yes [□ N	D -					Yes [No					
If the previous quest	ion w	as answered yes, compl	ete the following	ng question	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.		
		best opportunity to surv	ive?				_	_	opportunit	ty to survive?			
☐ Yes ☐	_ No)				Ц	Yes	_l No					
		letermination that the practice to avert death or seri								hat the pregnant won th or serious impair			
woman?			<u>r</u>	1	5	woman?				r	1 2		
Date last normal men	nses l	pegan		Physician	estimate	e of gestation	in week.	s)	Post fe	rtilization age of the	fetus (in weeks)		
How were 4		11/06/2017	m aga 4-4 '	049		9				7			
How were the gestat ULTRASOUND EX		age and post fertilization	u age determin	cu :									
Full name of physici	an pe	rforming termination											
DR. JEFFREY D. G	LAZ	ER											
	-	orming termination (num		t, city, state,	, and \overline{zip}	code)							
1201 II AILLING IU	M M	E, INDIANAFOLIS,	70213										
**Date Reported t	o DO	CS, if Patient under 14	4 (month, day.	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/02/2018

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					City or t	own, of pregna	ncy termination	County of pregna	ncy termination					
Dationt's ag-**	_		Date of	nonov to:	otion	T7.3	tion							
Patient's age** 18	Ma	rried Yes No	Date of pregr	12/29/2017		Educa			ool Diploma or G	ED				
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Afric	an American	Unknown		y vanic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	0				Number now	deceased	0					
Other Termination	ıs:	Number of spontaneou	s terminations	1			Number of in	duced term	inations 0					
Dates of termination	ns (De	not include this termina	ation. If more t	than six (6), t	those me	ost recent.)								
1			3			4	5.		cation(s) of Pregnar	voy Tompination				
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ved:			_	•						
					■ None ☐ Uterine Perf									
Fetus viable?		If viable, medical	reason for term	nination:	on: Hemorrhage Cervical Lace									
Yes •	No				☐ Infection ☐ Retained Produc									
								Other (Spe	ecify)					
Pathological examin performed?	ation	If yes, results:												
Yes •	No									ult in a maternal death?				
								es 🔳 N	lo					
				Type of	f Termii	nation Procedur	res							
Procedure that Term	ninate	d Pregnancy				Additional Pr	ocedure that To	erminated P	regnancy					
Medical (Nonsu Medical (Nonsu							(Nonsurgical) (Nonsurgical)							
		l) Other (Specify)					(Nonsurgical)							
Medical (Surgio	cal) S	Suction Curettage				Medical (Surgical) Suction Curettage								
	cal) N	Menstrual Aspiration				☐ Medical	(Surgical) Me (Surgical) Oth	nstrual Aspi	iration					
- Wedlear (Sargin	cui) (suid (opecity)				<u> </u>								
For Medical (Surgic	val) pr	ocedures, answer the fol	lowing questic			For Medical	(Surgical) proc	adurae anev	wer the following qu	estion				
, ,	, 1		0 1											
Was the fetus viab		have a post fertilization a	age at least 20	weeks?			us viable or hav Yes \text{No}	e a post fer	tilization age at leas	t 20 weeks?				
If the previous quest	tion w	vas answered yes, compl	ete the followi	ing questions	i.	If the previou	s question was	answered y	es, complete the fol	lowing questions.				
		best opportunity to surv	ive?				us given the be	st opportuni	ity to survive?					
	□ N						Yes No							
		letermination that the pr ure to avert death or seri								oman had a condition rment to the pregnant				
woman?			•	1 0	•	woman?	•		•	1 0				
Date last normal me		-		Physician	estimate	e of gestation (i	n weeks)	Post fo	ertilization age of th					
How were the gestat		age and post fertilizatio	n age determin	ned?		7			5					
ULTRASOUND EX														
Full name of physicion DR. JEFFREY D. C	erforming termination													
	_	orming termination (num		et, city, state,	and zip	code)								
1201 N AKLINGTO	JN A	VE, INDIANAPOLIS, I	IN 46219											
**Date Reported t	to DO	CS, if Patient under 14	4 (month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address THE WOMEN'S MED CENTER OF INDIANAPOLIS - 1201 N ARLINGTON AVE, INDIANAPOLIS, IN, 46219					City or t	own, of pregna			Coun		ncy termination ARION		
	T					r							
Patient's age** 35	Marrie [d Yes • No	Date of pregna	ancy termi 2/29/201		Educa	tion		laster's [Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un		spanic or	Latino c or Latino	☐ Unknown		
Live Births:	N	umber now living	2				Numb	er now deceased		0			
Other Termination	ıs: N	umber of spontaneou					Numb	per of induced ter	minations				
Dates of termination	is (Do no	t include this termin	ation. If more th	an six (6)	, those mo	ost recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Com	plication(s	s) of Pregnand	cy Termination		
	110							■ None		☐ Uteri	ne Perforation		
Fetus viable?		If viable, medical	reason for term	ination:				Hemorri	nage	☐ Cervi	ical Laceration		
Yes I	No							☐ Infection	1	☐ Retai	ined Products		
				Other (Specify)									
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No								ation of p	regnancy resu	alt in a maternal death?		
				Type	of Termir	nation Procedur	res						
Procedure that Term	inated Pr	regnancy				Additional Pr	ocedure	e that Terminated	l Pregnanc	су			
Medical (NonsuMedical (NonsuMedical (Nonsu	argical)	Misoprostol				Medical	(Nonsu	rgical) Mifepris rgical) Misopro- rgical) Other (Si	stol				
Medical (Surgion Medical (Surgion Medical (Surgion Medical (Surgion Medical (Surgion Medical (Surgion Medical (Surgion Medical (Surgion Medical (Surgion Medical (Surgion Medical (Surgion Medical (Surgion Medical (Surgio	cal) Men	strual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proce	dures answer the fo	llowing question	n		For Medical (Surgica	al) procedures, ar	swer the	following au			
	le or hav	e a post fertilization				Was the fet	_	e or have a post					
If the previous quest	_	answered yes, comp	ete the followin	g question	ns.	_			l yes, com	plete the foll	owing questions.		
Was the fetus gives ☐ Yes [t opportunity to surv	ive?				us giver Yes [the best opporti	ınity to su	rvive?			
		rmination that the pr to avert death or ser									man had a condition ment to the pregnant		
Date last normal me	_	an 1 2/2017		Physicia	n estimate	e of gestation (i	n weeks	s) Pos	t fertilizat	ion age of the	e fetus (in weeks)		
How were the gestat	ional age	and post fertilization	n age determine	ed?		-							
Full name of physici	_	-											
Address of physician	_	-		, city, state	e, and zip	code)							
**Date Reported t													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/04/2018

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or	town, of pregna	ncy termination	1	County of pregnancy termination MONROE			
Patient's age** 29	Marrie	ed ☐ Yes ■ No	Date of pregnancy ter		Educat			ool Diploma or GED			
Race American Indian Native Hawaiian			☐ Asian ■ Bla ☐ White ☐ Otl		can American	Unknown		y anic or Latino Hispanic or Latino			
Live Births:	N	umber now living				Number now		0			
Other Termination	s: N	umber of spontaneou				Number of in	duced termi				
			ation. If more than six (
Fetus delivered alive		If yes, length of time	3		4	5	Compli	cation(s) of Pregnancy Termination			
Yes •		ii yes, iengui oi ui	ne ietus suiviveu.				None	Uterine Perforation			
							Hemorrhag	_			
Fetus viable? Yes	N o	If viable, medical	reason for termination:				Infection	Retained Products			
☐ Yes ■	INO							_			
Pathological examin	ation	If yes, results:				$ \Box$	Other (Spe	cify)			
performed?		ii yes, iesuits.									
☐ Yes ■	No					Did th ☐ Y		on of pregnancy result in a maternal death?			
						•					
			Туј	oe of Term	ination Procedur	es					
Procedure that Term	inated P	regnancy			Additional Pr	ocedure that To	erminated P	regnancy			
☐ Medical (Nonsu					☐ Medical	(Nonsurgical)	Mifepristor	ne			
Medical (Nonsu Medical (Nonsu	argical) argical)	Misoprostol Other (Specify)			☐ Medical ☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprosto Other (Spec	l cify)			
							_				
Medical (Surgional Control cal) Suc	tion Curettage			☐ Medical	(Surgical) Suc	tion Curetta	age				
	cal) Mer	nstrual Aspiration			☐ Medical	(Surgical) Mer (Surgical) Oth	nstrual Aspi	ration			
- Wedlear (Sargi	cui) Gui	or (speedy)		Interior (Surgean) Sure (Specify)							
For Medical (Sympic	al) mma aa	edures, answer the fo	lowing question	For Medical (Surgical) procedures, answer the following question.							
			• •								
	Ie or nav ■ No	e a post fertilization	age at least 20 weeks?		was the fett	_	e a post ter	tilization age at least 20 weeks?			
			ete the following quest	ions.		_		es, complete the following questions.			
Was the fetus give ☐ Yes [st opportunity to surv	ive?			us given the best Yes \text{No}	st opportuni	ty to survive?			
			regnant woman had a co ous impairment to the					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?	occuure	to avert death of ser	ous impairment to the	prognant	woman?	a the procedure	to avert de	and of serious impuriment to the pregnant			
Date last normal me	_	an 16/2017	Physic	eian estima	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
How were the gestat			n age determined?		••			•			
ULTRASOUND											
Full name of physici	ian norfo	rming termination									
KRISTY L NEWTO	ON										
Address of physician 8590 GEORGETON	_	-	nber and street, city, st N 46268	ate, and zip	o code)						
		,									
**Date Reported t	to DCS,	if Patient under 1	4 (month, day, year): _					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/04/2018

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCS	SS I) (MONROE CO.) - 421 SOU	TH COLLEGE AVE	ENUE,	City or t	town, of pregna	•			County of pregnand	ey termination NROE		
Patient's age**			Date of man-	nanov tomo:	nation	Educa	tion						
Patient's age** 27	Mai	rried ☐ Yes ■ No	Date of pregn	12/28/2017		Educa	uion		Bach	elor's Degree			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	■ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0					er now d		0			
Other Termination	s:	Number of spontaneou	us terminations 0				Numb	er of ind	uced termii	nations 0			
Dates of termination	s (Do	not include this termin				ost recent.)							
1		2				4		5	Complic	eation(s) of Pregnanc	v Termination		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					•	_	•		
					■ None Uterine Perforat								
Fetus viable?		If viable, medical	reason for term	nination:	☐ Hemorrhage ☐ Cervical Laceration								
☐ Yes ■ I	No							□ I	nfection	☐ Retair	ned Products		
									Other (Spec	cify)			
Pathological examin	ation	If yes, results:						_	· 1				
performed?													
☐ Yes ■	No							Did this			t in a maternal death?		
		I											
				Trace	of Torm:	nation Drass-	rac						
				1 ype (n reimii	nation Procedu							
Procedure that Term	inate	d Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
Medical (NonsuMedical (NonsuMedical (Nonsu	ırgica					☐ Medical	(Nonsu	rgical) N	Mifepriston Misoprostol Other (Spec				
		-, (op					(- 10-10-1	-8	(~ /	<i>957</i>			
		Suction Curettage Menstrual Aspiration				☐ Medical	(Surgic	al) Sucti	on Curetta strual Aspir	ge ration			
Medical (Surgio						Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) nr	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures answ	er the following ques			
	_												
Was the fetus viabl ☐ Yes [nave a post fertilization	age at least 20	weeks?			Yes [No	•	ilization age at least			
If the previous quest	ion w	as answered yes, compl	lete the following	ng question	S.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	wing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	vive?				us giver Yes [_	opportunit	y to survive?			
		letermination that the pr								hat the pregnant won			
that required the pr woman?	oced	are to avert death or ser	ious impairmer	nt to the pre	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impairs	nent to the pregnant		
Date last normal men		oegan 11/04/2017		Physician	n estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	tetus (in weeks)		
How were the gestat		age and post fertilization	on age determin	ned?		<u> </u>				<u> </u>			
ULTRASOUND													
Full name of physici	•	rforming termination											
	-	orming termination (num		t, city, state	, and zip	code)							
8590 GEORGETO	/VN F	RD, INDIANAPOLIS,	IN 46268										
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/04/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403) (PPCSI) (N	IONROE CO.) - 421 SOU	TH COLLEGE AVEN	UE, Cit	y or town, o	of pregna				County of p		y termination NROE	
Patient's age** 33	Marrie	d Yes • No	Date of pregnar	ncy termination	on	Educat	tion			llege, No D	egree		
Race American Indian Native Hawaiian			Asian White	☐ Black or A	African Am	erican	☐ Unk	[nic or Latino Hispanic or La		☐ Unknown	
Live Births:		umber now living	2					er now dece		0			
Other Termination	ns: Nu	ımber of spontaneou					Numbe	er of induce	ed termir	nations 0			
Dates of termination	ns (Do no		ation. If more the			ent.)		5			6.		
Fetus delivered alive		If yes, length of ti							Complic	ation(s) of Pr	egnancy	Termination 7	
☐ Yes ■	No							■ No	ne		Uterin	e Perforation	
Fetus viable?		If viable, medical	rasson for tarmin	nation:	☐ Hemorrhage ☐ Cervical Lace								
Yes •	No	ii viabie, inculcar	reason for termin	iation.	☐ Infection ☐ Retained Products								
Pathological examin	nation	If yes, results:			Other (Specify)								
performed?	No							Did this te	erminatio	on of pregnan	cy resul	t in a maternal death?	
								Yes	■ No)			
	Type of T												
Procedure that Term	singted D	ragnancy		Type of T				that Termi	inated Dr.	agnancy			
Medical (Nonsu	urgical) l	Misoprostol				Medical	(Nonsurg	gical) Mif	soprostol				
Medical (Nonsu	urgical) (Other (Specify)				Medical	(Nonsur	gical) Oth	ier (Speci	fy)			
					_								
	cal) Men	strual Aspiration				Medical	(Surgica	d) Suction d) Menstru	ual Aspir				
Medical (Surgio	cal) Othe	er (Specify)			Medical (Surgical) Other (Specify)								
												_	
For Medical (Surgic	al) proce	dures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.							tion.	
Was the fetus viab		e a post fertilization	age at least 20 w	reeks?	Wa		us viable Yes 🔲		post ferti	ilization age a	at least 2	20 weeks?	
If the previous quest	tion was a	answered yes, comp	lete the following	g questions.	If the	e previou	s questio	on was ans	wered ye	es, complete t	he follo	wing questions.	
Was the fetus give		t opportunity to surv	rive?		Wa		us given Yes 🔲		portunit	y to survive?			
		rmination that the pr										an had a condition	
that required the programmer woman?	rocedure	to avert death or ser	ious impairment	to the pregnar		t required man?	d the pro	cedure to a	avert dea	th or serious	ımpaırm	nent to the pregnant	
Date last normal me	_	nn 05/2017		Physician est	_		n weeks))	Post fer	rtilization age		fetus (in weeks)	
How were the gestat	d?		7					5					
ULTRASOUND													
Full name of physics KRISTY L NEWTO	ON	_				_			_				
Address of physician 8590 GEORGETO	-	-		city, state, an	d zip code)								
**Date Reported	to DCS,	if Patient under 1	4 (month, day, ye	ear):						-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVEN	NUE,	City or t	own, of pregna			County of		y termination NROE		
Patient's age** 34	Marrie [d ☐ Yes ■ No	Date of pregna	ancy termi 2/28/201		Educa	tion		College, No	Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un		ty panic or Latir Hispanic or I		☐ Unknown		
Live Births:	N	umber now living	1				Numb	er now deceased	0				
Other Termination	s: N	umber of spontaneou					Numb	per of induced terr					
Dates of termination 1. 12/29/2016	s (Do no	t include this termin 	ation. If more th	an six (6)	, those mo	ost recent.) 4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Comp	lication(s) of	Pregnancy	Termination		
Yes I	No							None		Uterine	e Perforation		
Fetus viable?		If viable, medical	reason for termi	nation:				☐ Hemorrh	ige [Cervica	al Laceration		
Yes I	No	ir viuore, meureur			☐ Infection ☐ Retained Products								
					Other (Specify)								
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this termina ☐ Yes ☐		ancy result	in a maternal death?		
		<u> </u>							.10				
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inated P	regnancy				Additional Pr	ocedure	e that Terminated	Pregnancy				
☐ Medical (Nonsu	ırgical)	Mifepristone				☐ Medical	(Nonsu	rgical) Mifepristo	one				
☐ Medical (Nonsu ☐ Medical (Nonsu	rgical)	Misoprostol				☐ Medical	(Nonsu	rgical) Misoprosi rgical) Other (Sp	ol				
Medical (Surgional Control cal) Suc	tion Curettage				☐ Medical	(Surgic	al) Suction Curet	tage					
	cal) Mer	strual Aspiration				☐ Medical	(Surgic	al) Menstrual As al) Other (Specif	oiration				
	,	(-F 35)				Interior (Surgious) Salet (Specify)							
For Medical (Surgical	al) proce	dures, answer the fo	llowing question	n.		For Medical	(Surgica	al) procedures, and	wer the follo	wing quest	ion.		
Was the fetus viabl ☐ Yes [_	e a post fertilization	age at least 20 v	weeks?			us viabl Yes [e or have a post for No	rtilization ag	e at least 2	0 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followin	g question	ns.	If the previou	ıs questi	on was answered	yes, complete	e the follow	ving questions.		
Was the fetus given ☐ Yes [st opportunity to surv	rive?				us giver Yes [the best opportu	nity to survive	?			
		ermination that the pr									an had a condition		
that required the pr woman?	ocedure	to avert death or ser	ious impairment	t to the pro	egnant	that require woman?	d the pr	ocedure to avert d	eath or seriou	ıs impairm	ent to the pregnant		
						<u> </u>							
Date last normal men	_	an 03/2017		Physicia	n estimate	e of gestation (i	in weeks	Post Post	fertilization a	ge of the f	etus (in weeks)		
How were the gestat		•				<u> </u>							
ULTRASOUND													
Full name of physici	an perfo	rming termination											
KRISTY L NEWTO	N	_											
Address of physician 8590 GEORGETON	_	-		city, state	e, and zip	code)			_				
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/26/2018

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Facility Name and Add PLANNED PARENTHOOD (PP BLOOMINGTON, IN, 47403	ress PCSI) (MONROE CO.) - 4	21 SOUTH COLLEGE AV	ENUE,	City or tow		ncy termination	on	County of pregnand	cy termination				
Patient's age**		Date of preg	nancy termin	ation	Educat	ion							
37		No Date of preg	12/28/2017		Laucat	ion	High Scho	ool Diploma or GE	D				
Race American Indian or Native Hawaiian or		Asian der White	☐ Black (☐ Other	or African	American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown				
Live Births:	Number now liv	ving 2				Number nov	deceased	0					
Other Terminations:	Number of spor	ntaneous termination	s			Number of i	nduced termi	nations 0					
Dates of terminations (I		3	than six (6), 1	those most	recent.)								
Fetus delivered alive?		th of time fetus survi	vad:	4		5.	Compli	cation(s) of Pregnanc	v Termination				
Yes No		iii oi time ietus suivi	veu.				None	_	ne Perforation				
Fetus viable?	,	edical reason for terr	mination:		Hemorrhage Cervical Laceration								
☐ Yes ■ No							Infection	_	ned Products				
						□	Other (Spec	cify)					
Pathological examination performed?	on If yes, resul	ts:											
☐ Yes ■ No	,				Did this termination of pregnancy result in a materna Yes No								
<u> </u>						<u> </u>	ies 💾 N	U					
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy ————————————————————————————————————													
Medical (NonsurgiMedical (Nonsurgi						(Nonsurgical) (Nonsurgical)							
☐ Medical (Nonsurgi	ical) Other (Specify	·)			☐ Medical	(Nonsurgical)	Other (Spec	cify)					
	Suction Curettage					(Surgical) Su							
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspirat Other (Specify)	ion				(Surgical) Mo (Surgical) Ot							
For Medical (Surgical)	procedures answer	the following questi	ion	_	For Medical (Surgical) prod	redures answ	ver the following que	 stion				
Was the fetus viable of								tilization age at least					
Yes Yes		zation age at least 20	weeks:			es 🔳 No	ive a post fer	unization age at least	20 weeks:				
If the previous question	was answered yes,	complete the follow	ing questions	s. If	f the previou	s question was	s answered y	es, complete the follo	owing questions.				
Was the fetus given th	ne best opportunity	to survive?			Was the fetu	is given the bo	est opportuni	ty to survive?					
☐ Yes ☐	No				☐ Y	res No							
What was the basis fo that required the proce								hat the pregnant won ath or serious impair					
woman?	edure to avert death	or serrous impunine	one to the preg	, mant	woman?	ture procedur	e to avert det	an or serious impuni	nem to the pregnant				
Date last normal mense	•		Physician	estimate of	f gestation (ii	n weeks)	Post fe	ertilization age of the	fetus (in weeks)				
11/02/2017 8 6 How were the gestational age and post fertilization age determined?													
ULTRASOUND													
Full name of physician KRISTY L NEWTON													
Address of physician po	C	,	et, city, state,	and zip co	de)								
	, itelatal (
**Date Reported to I	DCS, if Patient ur	nder 14 (month, day	, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/04/2018

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (MONROE CO.) - 421 SOU	TH COLLEGE AVE	NUE,	City or t	town, of pregnat	ncy terminati	on	County of pregnancy termination MONROE				
			T										
Patient's age** 23	Marrie [ed Yes No	Date of pregn	ancy termi 12/28/201		Educat	ion		ool Diploma or GED				
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		an American	Unknow	Ethnicity Hisp	y anic or Latino Hispanic or Latino				
Live Births:		fumber now living	1				Number no		0				
Other Termination	s: N	fumber of spontaneo					Number of	induced termi					
Dates of termination	s (Do no	ot include this termin	ation. If more to	han six (6)	, those m	ost recent.)			0				
1		2				4		5	6				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					cation(s) of Pregnancy Termination				
							•	None	Uterine Perforation				
Fetus viable?		If viable, medical	reason for term	ination:] Hemorrhag	e Cervical Laceration				
☐ Yes ■	No] Infection	☐ Retained Products				
								Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:											
Yes •	No								on of pregnancy result in a maternal death?				
								Yes I N	0				
				Type	of Termi	nation Procedur	rac						
D 1 4 4 7				Турс	or remin			T					
Procedure that Term						Additional Pro							
Medical (Nonsumed)Medical (Nonsumed)	ırgical)	Misoprostol					(Nonsurgical	MifepristonMisoprosto	1				
Medical (Nonsu	ırgical)	Other (Specify)				☐ Medical	(Nonsurgical) Other (Spec	ify)				
Medical (Surgio		tion Curettage nstrual Aspiration						uction Curetta Ienstrual Aspi					
Medical (Surgio								ther (Specify)					
For Medical (Surgic	al) proce	edures, answer the fo	ollowing question	on.		For Medical (Surgical) pro	cedures, answ	ver the following question.				
		ve a post fertilization	age at least 20	weeks?		_	_		tilization age at least 20 weeks?				
Yes [_	answered ves comp	lete the followi	no anestio	ns	If the previous	_		es, complete the following questions.				
		st opportunity to surv				Was the fetu	is given the l	est opportuni	ty to survive?				
☐ Yes	_l No						es □ No						
		ermination that the p to avert death or ser							hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?			1	1	C	woman?	1		1 1 2				
<u> </u>						<u> </u>							
Date last normal me	_	gan /11/2017		Physicia	n estimat	e of gestation (in	n weeks)	Post fe	ertilization age of the fetus (in weeks)				
How were the gestat		on age determin	ed?		8			6					
ULTRASOUND													
Full name of physici	an no-f-	rming tarmingtion											
KRISTY L NEWTO	ON												
Address of physician 8590 GEORGETON	-	-		t, city, state	e, and zip	code)							
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/04/2018

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (M	ONROE CO.) - 421 SOU	TH COLLEGE AVEN	NUE,	City or	town, of pregna BLOON				County of pregnancy termination MONROE			
Patient's age** 33	Married	l Yes ■ No	Date of pregna	ancy termi 2/28/201		Educa	tion			ol Diploma or GED			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	□Uni			nic or Latino			
Live Births:		imber now living	2		•			er now deceas		0			
Other Termination	s: Nu	imber of spontaneou					Numb	er of induced	termina				
Dates of termination	is (Do not	include this termin	ation. If more th	an six (6)	, those m	ost recent.)		5		6			
Fetus delivered alive	e?	If yes, length of ti	me fetus survive	ed:		4.			omplica	tion(s) of Pregnancy Termination			
Yes I	No	, ,						None		☐ Uterine Perforation			
F. 11.0		TC ' 11 1' 1	· ·					☐ Hemo	orrhage	☐ Cervical Laceration			
Fetus viable? Yes I	No	If viable, medical	reason for termi	nation:				☐ Infect	ion	☐ Retained Products			
					☐ Other (Specify)								
Pathological examin	ation	If yes, results:											
performed? Yes	No							Did this term	nination	n of pregnancy result in a maternal death?			
	110								■ No				
				Туре	of Termi	nation Procedur	res						
Procedure that Term	inated Pr	egnancy				Additional Pr	ocedure	that Termina	ted Pre	gnancy			
☐ Medical (Nonsu								rgical) Mifep					
☐ Medical (Nonsu ☐ Medical (Nonsu	argical) N argical) O	Misoprostol Other (Specify)						rgical) Misop rgical) Other		ŷ)			
_ `	<i>U</i> ,	(1))/					`	,	. 1	• /			
Medical (Surgional Control cal) Sucti	on Curattaga				☐ Medical	(Surgice	al) Suction C	urattag	<u> </u>				
☐ Medical (Surgio	cal) Men	strual Aspiration				☐ Medical	(Surgica	al) Menstrual	Aspira				
☐ Medical (Surgio	cal) Othe	r (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgice	al) proced	lures, answer the fo	llowing question	n.		For Medical (Surgica	d) procedures,	, answe	r the following question.			
	le or have No	a post fertilization	age at least 20 v	weeks?			us viable Yes [st fertil	lization age at least 20 weeks?			
If the previous quest	tion was a	inswered yes, comp	lete the followin	g question	ns.	If the previou	s questi	on was answe	ered yes	s, complete the following questions.			
Was the fetus give		opportunity to surv	vive?				us given Yes [the best oppo	ortunity	to survive?			
		rmination that the p								at the pregnant woman had a condition			
that required the pr woman?	rocedure t	to avert death or ser	ious impairment	t to the pro	egnant	that required woman?	d the pro	ocedure to ave	ert deat	h or serious impairment to the pregnant			
Date last normal me	nses bega	n	T	Physicia	n estimat	e of gestation (i	n weeks	;) P	ost fert	cilization age of the fetus (in weeks)			
	•		8		,		6						
How were the gestat ULTRASOUND	ed?												
Full name of physici	_	ming termination											
Address of physician 8590 GEORGETON	_	-		city, state	e, and zip	code)							
	· ·	,											
**Date Reported t	to DCS,	if Patient under 1	4 (month, day, y	vear):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr PLANNED PARENTHOOD (PP BLOOMINGTON, IN, 47403		ONROE CO.) - 421 S	SOUTH COLLEGE A	VENUE,	City or	town, of pregn	ancy terr			County of preg		y termination		
22	Iarried	l Yes ■ No	_	gnancy term 12/28/201		Educa	ation			ollege, No Deg	ree			
Race American Indian or Native Hawaiian or			☐ Asian ■ White	☐ Blac		can American	☐ Un	known		/ anic or Latino Hispanic or Latir	10	☐ Unknown		
Live Births:	Nι	ımber now living	· ·)			Numb	er now do	eceased	0				
Other Terminations:	Nι	mber of spontar	eous termination				Numb	er of indu	iced termin					
Dates of terminations (I	Оо по		•			ost recent.)								
L	2.		3			4		5	Complic	cation(s) of Pregr	nancy	Termination		
Fetus delivered alive? Yes No		ii yes, iengtii d	of time fetus surv	ivea:				■ N	•	_		e Perforation		
								_						
Fetus viable?		If viable, medi	cal reason for ter	rmination:		Hemorrhage Cervical Laceration								
☐ Yes ■ No								∐ Iı	nfection	∐ R	etaine	ed Products		
									Other (Spec	cify)				
Pathological examination performed?	on	If yes, results:												
☐ Yes ■ No											result	in a maternal death?		
								☐ Yes	■ No	0				
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Medical (NonsurgionMedical (Nonsurgion									Iifepriston Iisoprostol					
Medical (Nonsurgi									ther (Spec					
Medical (Surgical)									on Curetta					
☐ Medical (Surgical) ☐ Medical (Surgical)									trual Aspin (Specify)	ration				
For Medical (Surgical)	proced	lures, answer the	e following ques	tion.		For Medical	(Surgica	ıl) proced	ures, answ	ver the following	quest	ion.		
Was the fetus viable o		e a post fertilizat	ion age at least 2	0 weeks?					a post fert	tilization age at l	east 2	0 weeks?		
☐ Yes ☐							Yes [_						
If the previous question			-	wing questio	ns.		•		•	es, complete the	follov	ving questions.		
Was the fetus given th		opportunity to s	survive?				us given Yes		opportunit	ty to survive?				
What was the basis for												an had a condition		
that required the proce woman?	edure	to avert death or	serious impairm	ent to the pr	egnant	that require woman?	ed the pro	ocedure to	o avert dea	nth or serious im	pairm	ent to the pregnant		
Date last normal menses	s bega	n		Physicia	ın estimat	e of gestation (in weeks	s)	Post fe	rtilization age of	the f	etus (in weeks)		
11/03/2017 7 5														
How were the gestation: ULTRASOUND	and post fertiliz	ined?												
Full name of physician	perfor	ming terminatio	n											
Address of physician pe	erform	ing termination	(number and str	eet, city, stat	e, and zin	code)								
8590 GEORGETOWN		-			,									
**Date Reported to I	OCS,	if Patient unde	r 14 (month, da	y, year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCSI) (I	MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or	town, of pregna	ncy termination		County of pregnancy termination MONROE				
Patient's age** 21	Marrie [ed ☐ Yes ■ No	Date of pregnancy term 12/28/20		Educat			ool Diploma or GED				
Race American Indian Native Hawaiian			☐ Asian ■ Bla ☐ White ☐ Oth		can American	Unknown		y anic or Latino Hispanic or Latino				
Live Births:	N	umber now living	0			Number now o	leceased	0				
Other Termination	s: N	umber of spontaneou	-			Number of ind	uced termi					
			ation. If more than six (
Fetus delivered alive		If yes, length of time	aa.		4	5		cation(s) of Pregnancy Termination				
Yes I		ii yes, iengui oi ui	ne ietus suiviveu.				None	Uterine Perforation				
							Hemorrhag					
Fetus viable?		If viable, medical	reason for termination:				_	<u> </u>				
☐ Yes ■	No						Infection	Retained Products				
		70 1					Other (Spe	cify)				
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No					Did thi		on of pregnancy result in a maternal death?				
							<u> </u>	<u> </u>				
			Tyr	e of Termi	ination Procedur	es						
Procedure that Term	inated P	regnancy				ocedure that Te	minated P	regnancy				
☐ Medical (Nonsu						(Nonsurgical) I						
Medical (Nonsu	ırgical)	Misoprostol				(Nonsurgical) (Nonsurgical) (Misoprosto	1				
iviedicai (Nonst	iigicai)	Other (specify)			Wiedicai	(Ivonsuigical)	Julei (Spec	<i>.ujy)</i>				
Medical (Surgio		tion Curettage astrual Aspiration			☐ Medical	(Surgical) Suct (Surgical) Men	strual Aspi	ration				
☐ Medical (Surgio					Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proce	edures, answer the fo	lowing question.		For Medical (Surgical) proceed	dures, answ	ver the following question.				
	le or hav ■ No	re a post fertilization	age at least 20 weeks?		Was the fett		e a post fer	tilization age at least 20 weeks?				
If the previous quest	ion was	answered yes, compl	ete the following questi	ons.	If the previou	s question was a	inswered y	es, complete the following questions.				
Was the fetus give ☐ Yes ☐		st opportunity to surv	ive?			us given the best Yes \text{No}	opportuni	ty to survive?				
			egnant woman had a co ous impairment to the j					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?					woman?	•		1 1 0				
Date last normal me	_	an 23/2017	Physic	ian estimat	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 8				
How were the gestat			n age determined?					-				
ULTRASOUND												
Full name of physici	ian perfo	orming termination										
KRISTY L NEWTO	ON		7 7	,	7							
8590 GEORGETO	_	-	nber and street, city, st N 46268	ate, and zip	o code)							
**Date Reported t	to DCS,	if Patient under 1	4 (month, day, year): _					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/04/2018

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Facility Name and Ac PLANNED PARENTHOOD (BLOOMINGTON, IN, 47403	idres:	S) (MONROE CO.) - 421 SOUT	H COLLEGE AVE	ENUE,	City or t	own, of pregna	•			County of pregnar	ncy termination ONROE
Patient's age**	Mar	riad	Date of pregn	nancy termin	nation	Educa	tion				
26	Mar	ried ■ Yes □ No		12/28/2017		Lauca	tion	н	igh Scho	ol Diploma or GI	ED .
Race American Indian o			Asian White	☐ Black ☐ Other	or Africa	an American	☐ Un	known		nic or Latino Iispanic or Latino	☐ Unknown
Live Births:		Number now living	2				Numb	er now d	eceased	0	
Other Terminations	:	Number of spontaneous	s terminations				Numb	er of ind	uced termin	nations 0	
Dates of terminations	(Do	not include this termina	tion. If more t	than six (6),	those mo	ost recent.)					
1			3			4		5	C 1:	6	
Fetus delivered alive? Yes N		If yes, length of tin	ne fetus surviv	ved:				_	•	ation(s) of Pregnan	
								■ N	None	☐ Uter	ne Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				□ I	Hemorrhage	e 🔲 Cerv	ical Laceration
☐ Yes ■ N	Ю	,						☐ I	nfection	Reta	ined Products
									Other (Spec	ify)	
Pathological examina	tion	If yes, results:									
performed? ☐ Yes ■ N	Jo							Didthi	tamainatia	un of muoononovi nos	alt in a matamal dooth?
	10							Yes			alt in a maternal death?
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
_											
☐ Medical (Nonsur ☐ Medical (Nonsur	gical) Misoprostol					(Nonsu	rgical) M	Iifepristone Iisoprostol		
Medical (Nonsur	gical) Other (Specify)					(Nonsu	rgical) C	ther (Speci	ify)	
Medical (Surgica									on Curettag		
☐ Medical (Surgica		lenstrual Aspiration ther (Specify)							strual Aspir (Specify)	ration	
For Medical (Symples)	1)	andress answer the fall	lavina avastis			For Medical	Cumaiaa	1) mma and		er the following qu	agtion .
_	_	cedures, answer the following					_	-			
Was the fetus viable ☐ Yes ■		ave a post fertilization a	ige at least 20	weeks?			us viabl Yes 🔲		a post ferti	ilization age at leas	20 weeks?
If the previous question	on w	as answered yes, comple	ete the followi	ng questions	2	If the previou	s anesti	on was a	nswered ve	s, complete the following	owing questions
				ng question	.	•	•		•	•	owing questions.
Was the fetus given Yes		est opportunity to survi	ve?				us given Yes [opportunit	y to survive?	
What was the basis	for d	etermination that the pro	egnant woman	ı had a condi	ition	What was the	ne basis	for deter	mination th	nat the pregnant wo	man had a condition
		re to avert death or serie									ment to the pregnant
woman:						woman:					
Date last normal men		egan 0/25/2017		Physician	estimate	e of gestation (i	n weeks	;)	Post fer	tilization age of the	e tetus (in weeks)
How were the gestational age and post fertilization age determined?											
ULTRASOUND											
Full name of physicia KRISTY L NEWTO	_	forming termination									
		orming termination (num	aber and street	t, city, state.	and zip	code)					
1 7		D, INDIANAPOLIS, II			- 1	· 					
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCS	SS SI) (MONROE CO.) - 421 SOU	TH COLLEGE AVENUE,	City or to	own, of pregna	•			County of pregnance MO	ey termination NROE			
Patient's age**	Ma	rried	Date of pregnancy term	ination	Educa	tion							
18		Yes No	12/28/201	17					h, No Diploma				
Race American Indian Native Hawaiian			Asian Black White Other		an American			Not H	nic or Latino ispanic or Latino	☐ Unknown			
Live Births:			0				ber of induced		0				
Other Termination		Number of spontaneou	0			INUIII	ber of induced	u termin	0				
Dates of termination	s (<i>Do</i>		ation. If more than six (6)		ost recent.)		5		6				
Fetus delivered alive	?		me fetus survived:		*-			Complica	ation(s) of Pregnanc	y Termination			
☐ Yes ■ I	No						■ None	ie	☐ Uterin	e Perforation			
							☐ Hem	norrhage	e □ Cervio	cal Laceration			
Fetus viable?	N.o.	If viable, medical	reason for termination:					ction					
☐ Yes ■ I	NO					ned Products							
					Other (Specify)								
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									It in a maternal death?			
					☐ Yes ■ No								
			Туре	of Termin	nation Procedur	res							
Procedure that Term	inate	d Pregnancy			Additional Pr	ocedur	e that Termin	nated Pre	egnancy				
☐ Medical (Nonsu	ırgica	Mifepristone			☐ Medical	(Nonsu	ırgical) Mife	pristone	;				
☐ Medical (Nonsu	ırgica				Medical	(Nonsu	rgical) Miso	prostol					
Wiedicai (Nolls)	ngica	i) Other (specify)			Wiedicai	(INOIISU	irgical) Othe	н (ъресц	<i>(y)</i>				
		Suction Curettage Menstrual Aspiration			Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration								
Medical (Surgio					Medical (Surgical) Melistudal Aspiration Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question.		For Medical ((Surgic	al) procedure	es, answe	er the following ques	stion.			
	le or l	nave a post fertilization	age at least 20 weeks?			us viab! Yes [ost ferti	lization age at least	20 weeks?			
			lete the following questio	ns.	_	_	_	vered ye	s, complete the follo	wing questions.			
Was the fetus given ☐ Yes ☐		best opportunity to surv	vive?		_	us give Yes [n the best opp	portunity	y to survive?				
			regnant woman had a con	dition	_			nation 41-	at the pregnant wom	an had a condition			
that required the pr			regnant woman nad a con ious impairment to the pr		that require				at the pregnant won th or serious impairn				
woman?					woman?								
Date last normal men		oegan 10/31/2017	Physicia	ın estimate	e of gestation (i	n week	s)	Post fer	tilization age of the	fetus (in weeks)			
How were the gestat		age and post fertilization	on age determined?		3								
ULTRASOUND													
	·-			_						_			
	-	rforming termination											
Address of physician		orming termination (nu	mber and street, city, stat	e, and 7in	code)								
	-	RD, INDIANAPOLIS,											
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Adplanned Parenthood (BLOOMINGTON, IN, 47403	(PPCS	S I) (MONROE CO.) - 421 SOUT	H COLLEGE AVE	ENUE,	City or t	own, of pregna	•			County of pregnar	ncy termination ONROE			
Patient's age**	Mar	ried	Date of pregn	nancv termin	nation	Educa	tion				1			
32	Mar	ried ■ Yes □ No		12/28/2017		Eddea	tion		Bach	elor's Degree				
Race American Indian Native Hawaiian			Asian White	☐ Black ☐ Other	or Africa	an American	☐ Unl	known		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Numb	er now d	eceased	0				
Other Terminations	s:	Number of spontaneous	s terminations				Numbe	er of ind	uced termin	nations 0				
Dates of terminations	s (Do	not include this termina	tion. If more t	than six (6),	those mo	ost recent.)								
I		1	3			1		5	Complic	ation(s) of Pregnan	cy Termination			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	red:					•	_				
						■ None								
Fetus viable?		If viable, medical r	eason for term	nination:				∐ ŀ	Hemorrhage	e ∐ Cerv	ical Laceration			
☐ Yes ■ N	Мо							☐ I	nfection	Reta	ined Products			
									Other (Spec	rify)				
Pathological examina performed?	ation	If yes, results:												
Yes • N	No										ult in a maternal death?			
								☐ Yes	s 🔳 No)				
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Medical (NonsurMedical (Nonsur									Iifepristone Iisoprostol					
		Other (Specify)							ther (Speci					
Medical (Surgical	al) S	uction Curettage				☐ Medical	(Surgica	ıl) Sucti	on Curettag	ge				
	al) N	Ienstrual Aspiration				Medical	(Surgica	al) Mens	strual Aspir (Specify)					
	ui) C	ther (speedy)					(Burgiet	ii) Guici	(вресіду)					
	1\	1 0.11					(G :		1	4 6 11 .				
	_	ocedures, answer the followed						_		er the following qu				
Was the fetus viable ☐ Yes ☐		ave a post fertilization a	age at least 20	weeks?			us viable Yes 🗀		a post fert	ilization age at leas	t 20 weeks?			
If the previous questi	on w	as answered yes, comple	ete the followi	ng auestions	s.	If the previou	s auestic	on was a	nswered ve	es, complete the following	owing questions.			
•		pest opportunity to survi		8 1	-	-	•		•	y to survive?				
Yes			ve:				Yes		оррогини	y to survive?				
		etermination that the pro									man had a condition			
that required the pro woman?	ocedı	re to avert death or serie	ous impairmer	nt to the preg	gnant	that require woman?	d the pro	cedure t	o avert dea	th or serious impair	ment to the pregnant			
Date last normal men	ises b	egan		Physician	estimate	of gestation (i	n weeks)	Post fer	rtilization age of the	e fetus (in weeks)			
11/03/2017 7 4														
How were the gestati ULTRASOUND	onal	age and post fertilization	n age determin	ned?										
SEINAGOUND														
Full name of physicia	an pe	forming termination												
KRISTY L NEWTO	N													
1 7	•	orming termination (num		t, city, state,	and zip	code)								
JULIUN GETOV	* 14 17	e, indianal olis, ii	0200											
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD BLOOMINGTON, IN, 47403	(PPCS	SS II) (MONROE CO.) - 421 SOUT	TH COLLEGE AVE	ENUE,	City or t		ncy termination		County of pregnam	ncy termination ONROE			
Datient's 44	l		Dot: · C	**************************************	.ot! -	l mi	tion						
Patient's age** 20	Ma	rried Yes I No	Date of pregr	12/28/2017		Educat			ool Diploma or GI	ED			
Race American Indian Native Hawaiian		· ·	☐ Asian ☐ White	■ Black □ Other	or Afric	an American	Unknown	■ Not I	y anic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	0				Number now d	leceased	0				
Other Termination	ıs:	Number of spontaneou	s terminations				Number of ind	uced termi	nations 0				
Dates of termination	is (Do	not include this termine	ation. If more t	than six (6),	those m	ost recent.)							
1		2				4	5	Compli	cation(s) of Pregnan	cy Termination			
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ved:				•					
							_		_	ine Perforation			
Fetus viable?		If viable, medical	reason for term	nination:				Hemorrhag	e ∐ Cerv	ical Laceration			
Yes •	No					☐ Infection ☐ Retained Products							
							Other (Specify)						
Pathological examination performed?													
Performed? Yes No										ult in a maternal death?			
							☐ Ye	s 🔳 N	0				
				Type o	of Termi	nation Procedur	res						
Procedure that Term	inate	d Pregnancy				Additional Pr	ocedure that Ter	minated Pr	regnancy				
Medical (Nonsu							(Nonsurgical) M (Nonsurgical) M						
		l) Other (Specify)					(Nonsurgical) (
Medical (Surgional Control cal) S	Suction Curettage				☐ Medical	(Surgical) Sucti	ion Curetta	ge					
	cal) N	Menstrual Aspiration					(Surgical) Men (Surgical) Othe		ration				
- Wedlear (Surgic	our) (outer (speedy)					(Burgieur) Oure	г (вресцу)					
Eor Madical (Surgice	o1) pr	ocedures, answer the fol	louring questic			For Modical ((Surgical) process	luras anau	ver the following qu	ostion			
` `	, 1	,	2 1						• •				
Was the fetus viab		nave a post fertilization	age at least 20	weeks?			us viable or have Yes \[\] No	e a post fert	tilization age at leas	t 20 weeks?			
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	s question was a	nswered y	es, complete the foll	owing questions.			
		best opportunity to surv	ive?				us given the best	opportuni	ty to survive?				
	_ No					_	Yes No						
		letermination that the pr are to avert death or seri								man had a condition ment to the pregnant			
woman?			•	1 0		woman?	•		•	1 0			
Date last normal me		•		Physician	estimat	e of gestation (ii	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)			
How were the gestat		age and post fertilizatio	n age determin	ned?		9			7				
ULTRASOUND													
Full name of physici KRISTY L NEWTO		rforming termination											
1 *		orming termination (nur		et, city, state,	and zip	code)							
8590 GEORGETO	vvn F	RD, INDIANAPOLIS, I	N 46268										
**Date Reported t	to DO	CS, if Patient under 14	1 (month, day,	year):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 City or to Patient's age** Married Date of pregnancy termination							ncy terr			County of pregna	ncy termination ONROE
Patient's age**	Mow::	1	Date of preon	nancy termin	nation	Educa	tion				1
26		Yes No		12/28/2017		Educa	tion	н	igh Scho	ol Diploma or G	ED
Race American Indian or Native Hawaiian or			Asian White	☐ Black ☐ Other	or Africa	an American	☐ Un	known		nic or Latino Iispanic or Latino	Unknown
Live Births:	Νι	ımber now living	2				Numb	er now d	eceased	0	
Other Terminations:	Νι	ımber of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0	
Dates of terminations ((Do no		,			ost recent.)					
I	2.		3			4		5	Complic	ation(s) of Pregnar	ncy Termination
Fetus delivered alive? Yes No)	If yes, length of tir	ne ietus surviv	ea:				■ N	•	_	ine Perforation
										_	
Fetus viable?		If viable, medical r	eason for term	nination:				_ I	Hemorrhage	_	vical Laceration
Yes No	0							☐ I	nfection	Reta	ined Products
					Other (Spec	ify)					
Pathological examinati performed?	ion	If yes, results:									
☐ Yes ■ No ☐ Did this to										ult in a maternal death?	
								☐ Yes	s 🔳 No)	
				Type o	f Termir	nation Procedur	res				
Procedure that Termina	ated Pr	egnancy				Additional Pr	ocedure	that Ten	minated Pr	egnancy	
Medical (Nonsurg									lifepristone	e	
Medical (NonsurgMedical (Nonsurg									Iisoprostol other (<i>Speci</i>	ify)	
Medical (Surgical	l) Suct	ion Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	e	
Medical (Surgical Medical (Surgical	l) Men	strual Aspiration				Medical	(Surgic	al) Mens	strual Aspir (Specify)		
in Wiedicai (Burgicai	i) Ouic	л (Бресцу)				Wiedicar	(Surgic	ar) Other	(Бресіју)		
For Medical (Surgical)) proce	dures, answer the fol	lowing questio	on.		For Medical (Surgica	ıl) proced	ures, answ	er the following qu	estion.
Was the fetus viable		e a post fertilization a	age at least 20	weeks?			us viabl Yes		a post ferti	ilization age at leas	st 20 weeks?
If the previous question		incured vec compl	ete the followi	na auestions	,	If the previou	s anesti	On was a	newered ve	s, complete the fol	lowing questions
				ng questions		-	•		•	•	lowing questions.
Was the fetus given t ☐ Yes ☐		opportunity to survi	ive?				us given Yes [opportunit	y to survive?	
What was the basis for	or dete	rmination that the pr	egnant woman	had a condi	ition	What was th	ne basis	for deter	mination th	nat the pregnant wo	oman had a condition
that required the proc woman?	cedure	to avert death or seri	ous impairmen	nt to the preg	gnant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impai	rment to the pregnant
· · · · · · · · · · · · · · · · · · ·											
Date last normal mense	es hear	ın		Physician	estimate	e of gestation (i	n waak	•)	Post for	rtilization age of th	e fetus (in wooks)
Date last normal mense	_	23/2017		inysiciali	Sumate	9	weeks		1 031 101	7	· · · · · · · · · · · · · · · · · · ·
How were the gestation	nal age	and post fertilization	n age determin	ned?							
ULTRASOUND											
Full name of physician	nerfo	ming termination									
KRISTY L NEWTON	-	ming willinduon									
Address of physician p				t, city, state,	and zip	code)					
8590 GEORGETOW	in KD,	INDIANAPOLIS, I	N 40∠08								
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/05/2018

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Facility Name and A PPIN-GEORGETOWN OR	racility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 462 ratient's age** Married Date of pregnancy				City or	town, of pregna	ancy terr			County of pregnand	cy termination	
Patient's age** 16	Mai	Tied Yes No		ancy term 12/29/201		Educa	ition			Grade or Less		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Blac		an American	☐ Un	known		anic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6,), those m	ost recent.)	1			0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination	
☐ Yes ■ I	NO							• 1	None	☐ Uterir	ne Perforation	
								□ I	Hemorrhag	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes I	Vo	If viable, medical	reason for term	iination:				Пі	nfection	☐ Retair	ned Products	
										_		
D-4h-1i1i-	_+:	If							Other (Spec	ujy)		
Pathological examination performed? If yes, results:												
☐ Yes ■	No					Did this termination of pregnancy result in a maternal of Yes No						
								∐ Үе	s 🔳 No	0		
				Туре	of Termi	nation Procedu	res					
Procedure that Term	inate	d Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy		
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//Iifepriston	e		
☐ Medical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Spec			
Wedicar (140hse	irgica	i) Gilei (Speegy)				Wiedical	(1 tonsu	igicai) C	other (Spee	99)		
		fuction Curettage Menstrual Aspiration							on Curetta strual Aspir			
Medical (Surgio									r (Specify)	ration		
Eor Modical (Surgice	o1) pr	panduras, answar the fo	llowing questio	·		For Medical	(Suraio	1) proces	luras anari	er the following que	etion	
	_	ocedures, answer the fo										
	le or l ■ No	nave a post fertilization	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at least	20 weeks?	
If the previous quest	ion w	as answered yes, compl	lete the followi	na auestio	ne.	If the previous	is anesti	on was a	newered ve	es, complete the follo	wing questions	
				ng quesno	115.	-	•		·	•	wing questions.	
Was the fetus given ☐ Yes ☐		best opportunity to surv	vive?				us giver Yes [_	opportunit	ty to survive?		
What was the basis	for	letermination that the pr	regnant women	had a com	dition		_		mination 4	hat the pregnant won	nan had a condition	
that required the pr		are to avert death or seri				that require				th or serious impairs		
woman?						woman?						
						<u> </u>						
Date last normal men		•		Physicia	n estimat	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)	
II		JNKNOWN		- 10		7				5		
How were the gestat ULTRASOUND	ional	age and post fertilization	ni age determin	ea!								
Full name of physici	an no	rforming termination										
Full name of physician performing termination DR. CAROL DELLINGER												
	-	orming termination (num		t, city, stat	e, and zip	code)						
200 S. MERIDIAN	ST, II	NDIANAPOLIS, IN 46	6225									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PPIN-GEORGETOWN OR	Address (PPGI) - 85	590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 4	City	y or town, of pr	_	ncy termin			County of pregnancy termination MARION
Patient's age** 24	Marrie	ed Yes • No	Date of pregnancy	y terminatio 29/2017	on E	ducati	ion			ociate Degree
Race American Indian Native Hawaiian			Asian White	Black or A	African Americ		☐ Unkno	own		7 anic or Latino Hispanic or Latino
Live Births:		umber now living	2				Number			0
Other Termination	ns:	umber of spontaneou	is terminations				Number	of ind	uced termi	nations 0
Dates of termination		ot include this termin	ation. If more than 3		se most recent.)		5		6
Fetus delivered alive		If yes, length of ti	me fetus survived:						Compli	cation(s) of Pregnancy Termination
☐ Yes ■	No							■ N	None	☐ Uterine Perforation
Fetus viable?		If viable, medical	reason for terminat	tion:				☐ F	Hemorrhag	e Cervical Laceration
☐ Yes ■	No	, , , , , , , , , , , , , , , , , , , ,						☐ I	nfection	☐ Retained Products
									Other (Spec	cify)
Pathological examin	nation	If yes, results:								
Yes •	No									on of pregnancy result in a maternal death?
							<u> </u>	_ Yes	s I N	0
				Type of To	ermination Pro	cedure	es			
Procedure that Term	ninated P	regnancy			Addition	al Pro	ocedure th	nat Ter	minated Pr	regnancy
Medical (Nons)					☐ Me	dical (Nonsurgi	ical) M	lifepriston	e
Medical (Nonsi	urgical) urgical)	Misoprostol Other (Specify)			☐ Me	dical (dical (Nonsurgi Nonsurgi	ical) M ical) C	Lisoprostol Other (Spec	l ify)
Medical (Surgi	cal) Suc	tion Curettage			Me	dical (Surgical)	Sucti	on Curetta	ge
	cal) Mei	nstrual Aspiration			☐ Me	dical (Surgical)	Mens	strual Aspi (Specify)	
	,	(-1-35)					, ,		(-r - 32)	
For Medical (Surgic	eal) proce	edures, answer the fo	llowing question		— For Med	ical (S	Surgical) i	proced	ures, answ	ver the following question.
	_	re a post fertilization		eks?				-		cilization age at least 20 weeks?
☐ Yes	□ No	•				□ Y	es 🔲 1	No	•	-
		answered yes, compl		uestions.			•		•	es, complete the following questions.
Was the fetus give ☐ Yes [st opportunity to surv	ive?				s given th		opportuni	ty to survive?
		ermination that the protocol to avert death or serious			n What w	was the	e basis for	r deter	mination t	hat the pregnant woman had a condition ath or serious impairment to the pregnant
woman?	10000000	to avert death of ser	ous impunione to	are pregnan	woman		ane proce	ouuro (and of socious impairment to the program
Date last normal me	-	an 10/2017	Ph	hysician est	imate of gestat	ion (in	weeks)		Post fe	rtilization age of the fetus (in weeks) 5
How were the gestar			n age determined?							<u>-</u>
ULTRASOUND										
Full name of physic	_	rming termination								
	n perform	ning termination (num		ty, state, and	d zip code)					
200 S. MERIDIAN	ST, IND	PIANAPOLIS, IN 46	5225							
**Date Reported	to DCS,	, if Patient under 1	4 (month, day, year	r):						-

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Facility Name and AdpPIN-GEORGETOWN OR (P	ldres PGI)	S • 8590 GEORGETOWN ROAD, INDIA	NAPOLIS, IN, 46268	City or		ncy termination		County of pregnancy termination MARION
32	Mar	ried Date Yes No	of pregnancy ter 12/29/2		Educa	tion		elor's Degree
Race American Indian o		her Pacific Islander 🔳 Wh			can American	Unknown		unic or Latino Hispanic or Latino
Live Births:		Number now living	2			Number now do	eceased	0
Other Terminations:		Number of spontaneous term				Number of indu	iced termin	nations
Dates of terminations	(Do	not include this termination. I	f more than six ((6), those m	ost recent.)			0
1			3		4	5		6
Fetus delivered alive?		If yes, length of time fetu	ıs survived:				Complic	ation(s) of Pregnancy Termination
☐ Yes ■ N	o					■ N	Vone	☐ Uterine Perforation
							Hemorrhage	e Cervical Laceration
Fetus viable?		If viable, medical reason	for termination:				Č	
☐ Yes ■ N	O						nfection	☐ Retained Products
							Other (Spec	rify)
Pathological examinat	tion	If yes, results:						
performed? ☐ Yes ■ No								
☐ Yes ■ N				Did this		on of pregnancy result in a maternal death?		
						•		
			Tru	ma of Tomos	ination Decadu			
			1 9	pe or Termi	ination Procedur	res		
Procedure that Termin	nated	Pregnancy			Additional Pr	ocedure that Terr	minated Pr	egnancy
Medical (Nonsur						(Nonsurgical) M		
Medical (NonsurMedical (Nonsur						(Nonsurgical) M (Nonsurgical) O		
	Sicu	y other (specify)			Wiedieur	(Tronsurgicus)	tiler (spee)	957
Medical (Surgica						(Surgical) Suction		
Medical (Surgical Medical (Surgical		Ienstrual Aspiration other (Specify)			☐ Medical ☐ Medical	(Surgical) Mens (Surgical) Other	trual Aspir :(Specify)	ration
For Medical (Surgical	l) pro	ocedures, answer the following	g question.		For Medical ((Surgical) proced	ures, answ	er the following question.
		ave a post fertilization age at	least 20 weeks?				a post fert	ilization age at least 20 weeks?
☐ Yes ☐	No)				Yes No		
If the previous question	on w	as answered yes, complete the	following quest	tions.	If the previou	is question was ai	nswered ye	es, complete the following questions.
Was the fetus given	the l	pest opportunity to survive?			Was the fet	us given the best	opportunit	y to survive?
☐ Yes ☐						Yes 🗌 No		•
		etermination that the pregnant						nat the pregnant woman had a condition
that required the pro- woman?	cedu	ire to avert death or serious im	pairment to the	pregnant	that require woman?	d the procedure to	o avert dea	th or serious impairment to the pregnant
woman.					woman.			
					I			
Date last normal mens		=	Physic	cian estimat	te of gestation (i	in weeks)	Post fer	rtilization age of the fetus (in weeks)
TT d (d		1/10/2017	1		7			5
ULTRASOUND	mal	age and post fertilization age of	icterinined?					
OLINAGO GND	IL I KASOUND							
Eullan C. 1								
Full name of physicia DR. CAROL DELLIN	_	_						
		orming termination (number a	nd street, city, st	tate, and zip	code)			
	_	NDIANAPOLIS, IN 46225	<u> </u>					
**Date Reported to	DC	S, if Patient under 14 (mon	th, day, year): _					

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PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268						own, of pregna				County of pregna	ncy termination			
<u> </u>														
32	Marr	ied □ Yes ■ No		nancy termi 12/29/201		Educa	tion			ter's Degree				
Race American Indian of Native Hawaiian of			Asian White	■ Black		an American	☐ Unl	known		anic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	2				Numb	er now d	eceased	0				
Other Terminations:		Number of spontaneou	s terminations				Numb	er of ind	uced termi	nations 1				
Dates of terminations	(Do 1		ation. If more t	han six (6),	, those me	ost recent.)		5		-				
Fetus delivered alive?		If yes, length of tir		ved:		4		3	Complic	cation(s) of Pregnar	ncy Termination			
☐ Yes ■ No	0							■ N	None	☐ Ute	rine Perforation			
								П	Hemorrhag	e ∏ Cer	vical Laceration			
Fetus viable? ☐ Yes ■ No	0	If viable, medical i	eason for term	nination:					nfection	_	nined Products			
	J									_	inica i roducis			
									Other (Spec	cify)				
Pathological examination performed? If yes, results:														
☐ Yes ■ No	О							Did this			sult in a maternal death?			
							L			<u> </u>				
				Type	of Termi	nation Procedu	res							
Procedure that Termin	ated	Pregnancy		¥ ±		Additional Pr		that Ter	minated Pr	regnancv				
_														
Medical (Nonsurg	gical)	Misoprostol					(Nonsu	rgical) M	Aifepriston Aisoprostol	l				
Medical (Nonsurg	gical)	Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Spec	ify)				
Medical (Surgical		ction Curettage enstrual Aspiration							on Curetta strual Aspi					
Medical (Surgical									r (Specify)	ration				
For Medical (Surgical)) pro	cedures, answer the fol	lowing questic	on.		For Medical	Surgica	l) proced	lures, answ	er the following qu	uestion.			
		ave a post fertilization	age at least 20	weeks?					a post fert	tilization age at leas	st 20 weeks?			
Yes •		11	-4- 41 E-11:		_	_	Yes [_		1-4-4h - 6-1	Ui			
If the previous questio				ng questior	18.	•	•		·	es, complete the fol	nowing questions.			
Was the fetus given to		est opportunity to surv	ive?				us given Yes		opportunit	ty to survive?				
		termination that the pr									oman had a condition			
that required the proc woman?	cedui	re to avert death or seri	ous impairmer	nt to the pre	egnant	that require woman?	d the pro	ocedure t	o avert dea	ath or serious impai	rment to the pregnant			
Date last normal mens	es be	egan		Physician	n estimate	e of gestation (i	n weeks	·)	Post fe	rtilization age of th	ne fetus (in weeks)			
H		1/07/2017		- 10		8				6				
How were the gestatio ULTRASOUND	mai a	ge and post tertilization	n age determin	ieu :										
Full name of physician DR. CAROL DELLIN	-	-												
Address of physician p			nber and stree	t, city, state	e, and zip	code)								
200 S. MERIDIAN ST	T, IN	DIANAPOLIS, IN 46	225											
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						_				

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PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					town, of pregn	ancy term			County of preg	gnancy MAR			
Patient's age** 20	Marr	ied □ Yes ■ No		nancy term 12/29/20		Educ	ation	Н	_	ol Diploma or	GED		
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Blac		an American	☐ Unk	nown		/ anic or Latino Hispanic or Latir	10	☐ Unknown	
Live Births:]	Number now living						er now d		0		_	
Other Termination	s:	Number of spontaneou					Numbe	er of ind	uced termi				
Dates of termination	is (Do 1	not include this termin	v	,	**	ost recent.)							
Fetus delivered alive	29	If yes, length of ti				4		5	Complic	cation(s) of Preg	nancy '	Termination	
Yes Yes		ir yes, length of th	ine retus surviv	rcu.				■ N			•	Perforation	
												Laceration	
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_			
Yes • 1	No					☐ Infection ☐ Retained Products						l Products	
Pathological examination If yes, results:							Other (Specify)						
Pathological examin performed?													
Yes No											result i	in a maternal death?	
								☐ Yes	s I N	0			
				Туре	of Termin	nation Procedu	ires						
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu									lifepriston				
Medical (Nonsu Medical (Nonsu		Other (Specify)							Lisoprostol Other (Spec				
Medical (Surgio	ral) Su	ction Curettage				Medica	(Surgica	1) Sucti	on Curetta	ge			
Medical (Surgio	cal) M	enstrual Aspiration				☐ Medica	(Surgica	l) Mens	strual Aspi	ration			
Medical (Surgio	cal) Ot	her (Specify)				☐ Medica	(Surgica	I) Other	r (Specify)				
For Medical (Surgical	al) pro	cedures, answer the fo	llowing question	on.		For Medical	(Surgical)) proced	lures, answ	er the following	questi	on.	
	le or ha	ave a post fertilization	age at least 20	weeks?			tus viable Yes 🔲		a post fert	tilization age at l	east 20	weeks?	
If the previous quest	ion wa	s answered yes, comp	lete the followi	ng questio	ons.	If the previo	us questio	on was a	nswered ye	es, complete the	follow	ing questions.	
	n the b	est opportunity to surv	vive?					the best	opportuni	ty to survive?			
	_	termination that the pr	regnant woman	n had a com	ndition	_	_		mination t	hat the pregnant	Woman	n had a condition	
that required the pr		e to avert death or ser				that require						nt to the pregnant	
woman?						woman?							
Γ				1 =									
Date last normal me		egan 1/05/2017		Physicia	an estimate	e of gestation (in weeks))	Post fe	rtilization age of	f the fe	tus (in weeks)	
How were the gestat		ge and post fertilization	on age determin	ned?					1				
ULTRASOUND													
Full name of physici DR. CAROL DELL	INGE	₹											
	-	rming termination (nu.		t, city, stai	te, and zip	code)							
		-, -,											
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):									

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Patient's age** Married Patient's age** Married Date of pregnancy termina		City or to	wn, of pregna	•		County of pregnancy termination MARION		Ť		
Dationt's access	26 Yes No 12/29/20					tion				
26	Ma		12/29/20		Educa	tion	l p		ciate Degree	
Race American Indian Native Hawaiian			Asian Blac White Othe	k or African er	American			Not H	nic or Latino lispanic or Latino	Unknown
Live Births:			2						0	
Other Termination		Number of spontaneou	0			Numt	per of induced	ı termin	ations 3	
Dates of termination 1. 06/03/2015	s (Do	not include this termin 2. 02/05/2016	nation. If more than six (6)), those mos	t recent.)		5		6	
Fetus delivered alive		If yes, length of ti	me fetus survived:				С	omplic	ation(s) of Pregnancy	Termination
☐ Yes ■ I	NO						■ None	e	☐ Uterin	e Perforation
Fetus viable?		If .: -1.1 4: -1	G AiAi				☐ Hem	orrhage	e 🔲 Cervic	al Laceration
Yes I	No	ii viable, illedical	reason for termination:				☐ Infec	ction	☐ Retain	ed Products
							☐ Othe	er (Spec		
Pathological examin	ation	If yes, results:						л (Брес	957	
performed?		ii yes, resuits.								
☐ Yes ■	No							minatio No		t in a maternal death?
							<u> </u>			
			Туре	of Termina	tion Procedu	res				
Procedure that Term	inate	d Pregnancy			Additional Pr	ocedure	e that Termina	ated Pro	egnancy	
■ Medical (Nonsu	ırgica	Mifepristone			☐ Medical	(Nonsu	ırgical) Mife _l	pristone	•	
Medical (Nonsu	ırgica	l) Misoprostol			Medical	(Nonsu	rgical) Miso	prostol		
Medicai (Nonsu	ırgıca	l) Other (Specify)			Medicai	(Nonsu	rgical) Other	г (Ѕресі	Ty)	
		Suction Curettage Menstrual Aspiration					cal) Suction C cal) Menstrua			
Medical (Surgio							cal) Other (Sp		ation	
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question		For Medical (Surgica	al) procedures	s answe	er the following ques	_ tion
	_					_	_			
Yes [nave a post fertilization	age at least 20 weeks?			Yes [ost teru	lization age at least 2	to weeks?
If the previous quest	ion w	as answered yes, comp	lete the following question	ns.	If the previou	is quest	ion was answ	ered ye	s, complete the follo	wing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	vive?			us giver Yes [n the best opp No	ortunity	y to survive?	
			regnant woman had a con						at the pregnant wom	
that required the pr woman?	oced	ure to avert death or ser	rious impairment to the pr	egnant	that require woman?	d the pr	ocedure to av	ert dea	th or serious impairm	ent to the pregnant
Wollian										
			T =							
Date last normal men		oegan 10/28/2017	Physicia	ın estimate o	of gestation (i	n week:	s) []	Post fer	tilization age of the f	etus (<i>in weeks)</i>
=		age and post fertilization	on age determined?							
ULTRASOUND										
Full name of physici DR. CAROL DELL	_	rforming termination								
			mber and street, city, stat	e, and zip co	ode)					
200 S. MERIDIAN	ST, I	NDIANAPOLIS, IN 4	6225							
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day, year):							

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Facility Name and Adeppin-georgetown or (Pi	Facility Name and Address IN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, Patient's age** Married Date of pregnan						ncy termination		County of pregnancy termination MARION
24		ed □ Yes ■ No		nancy terminat 12/29/2017	tion	Educat	tion		nelor's Degree
Race American Indian of Native Hawaiian of	r Othe	er Pacific Islander	Asian White	Black or Other	r Afric	an American	Unknown Number now d	■ Not l	y anic or Latino Hispanic or Latino
Live Births:		lumber now living	0						0
Other Terminations:	N	Tumber of spontaneou	s terminations 0				Number of ind	uced termi	nations 2
Dates of terminations		ot include this termina _{2.} 2016	tion. If more to	han six (6), th	ose mo	ost recent.)	5		6
Fetus delivered alive?		If yes, length of tim	ne fetus surviv	red:				Compli	cation(s) of Pregnancy Termination
☐ Yes ■ No	0							None	☐ Uterine Perforation
								Hemorrhag	e Cervical Laceration
Fetus viable? Yes No	0	If viable, medical r	eason for term	nination:				Infection	Retained Products
	J								_
								Other (Spe	cify)
Pathological examination performed? If yes, results:									
									on of pregnancy result in a maternal death?
							☐ Ye	s 🔳 N	0
				Type of	Termi	nation Procedur	es		
D 1 4 7 7		<u> </u>		Type of	10111111				
Procedure that Termin	ated F	regnancy				Additional Pr	ocedure that Ter	minated P	regnancy
Medical (Nonsurg							(Nonsurgical) M (Nonsurgical) M		
Medical (Nonsurg							(Nonsurgical) (
Medical (Surgical)	l) Suc	ction Curettage				☐ Medical	(Surgical) Sucti	ion Curetta	age
Medical (Surgical Medical (Surgical	l) Me	nstrual Aspiration					(Surgical) Mens (Surgical) Othe	strual Aspi	ration
iviedicai (Surgicai	i) Oii	iei (<i>specijy)</i>				Wiedicai	(Surgical) Onle	1 (ъресцу)	
For Medical (Surgical)) nr oo	aduras, answer the fell	lowing questic			For Modical (Curgical) proces	duras anau	ver the following question.
, ,	, 1	,	<i>U</i> 1						
Was the fetus viable ☐ Yes ■		ve a post fertilization a	ige at least 20	weeks?			us viable or have Yes	e a post fer	tilization age at least 20 weeks?
If the previous questio	n was	answered yes, comple	ete the following	ng questions.		If the previou	s question was a	inswered y	es, complete the following questions.
Was the fetus given t ☐ Yes ☐		st opportunity to survi	ve?				us given the best	opportuni	ty to survive?
		armination that the	agnont we	had a assatir	ior	_	_	mainati	hat the prognant warmen had did-
that required the pro-		ermination that the pro to avert death or seri-				that required			hat the pregnant woman had a condition ath or serious impairment to the pregnant
woman?						woman?			
				l m ···		6			
Date last normal mens		gan /23/2017		Physician e	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 5
How were the gestatio			n age determin	ied?					
ULTRASOUND	JLTRASOUND								
Full name of physician									
DR. CAROL DELLIN Address of physician p			nber and stree	t, city, state, a	ınd zip	code)			
200 S. MERIDIAN ST	T, INE	DIANAPOLIS, IN 46	225						
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):					_

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Facility Name and Addre	ess I) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or town		ncy termination		County of pregnand	cy termination
			<u></u>				<u> </u>	
20	arried Yes No	Date of pregnancy term 12/29/20		Educat			ol Diploma or GE	D
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blace ■ White ☐ Oth	ck or African A er	american	Unknown		/ anic or Latino Hispanic or Latino	☐ Unknown
Live Births:	Number now living	1			Number now o	leceased	0	
Other Terminations:	Number of spontaneou	is terminations			Number of inc	luced termi	nations 0	
Dates of terminations (D	o not include this termin	ation. If more than six (6	(i), those most re	ecent.)			<u> </u>	
1		3	4		5	Complia	cation(s) of Pregnanc	y Tomaination
Fetus delivered alive? ☐ Yes ■ No	If yes, length of ti	me fetus survived:				•	_	
						None	Uterir	ne Perforation
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	e	cal Laceration
☐ Yes ■ No						Infection	☐ Retain	ned Products
						Other (Spec	cify)	
Pathological examination performed?	If yes, results:							
Yes No			Did thi	s termination	on of pregnancy resu	It in a maternal death?		
						s 🔳 No	0	
		Тур	e of Terminatio	on Procedur	es			
Procedure that Terminate	ed Pregnancy		Ad	lditional Pr	ocedure that Te	rminated Pr	regnancy	
Medical (Nonsurgic					(Nonsurgical)			
Medical (NonsurgicMedical (Nonsurgic					(Nonsurgical) I (Nonsurgical) (
Medical (Surgical)	Suction Curettage		_	l Medical	(Surgical) Suct	ion Curetta	σe	
	Menstrual Aspiration			Medical	(Surgical) Men	strual Aspi		
i Medicai (Surgicai)	Other (<i>Specify</i>)			Medical	(Surgical) Othe	х (Specify)		
For Medical (Surgical) p	rocedures, answer the fo	llowing question.	Fo	r Medical (Surgical) proce	dures, answ	ver the following que	stion.
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization	age at least 20 weeks?	V		ıs viable or hav ∕es □ No	e a post fert	tilization age at least	20 weeks?
		lata tha fallowing avasti	one If	_	_	marriana d viv	as sommlete the fello	wing quartians
If the previous question		• •		•	•	•	es, complete the follo	owing questions.
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv Vo	rive?	'		us given the bes Yes \text{No}	t opportunit	ty to survive?	
What was the basis for	determination that the pr	regnant woman had a co	ndition V	What was th	ne basis for dete	rmination t	hat the pregnant won	nan had a condition
	dure to avert death or seri		regnant tl				ath or serious impairr	
woman:			ľ	voman.				
Date last normal menses	hagan	Dhare! = !	an estimate of	gastation /	n waaks)	Dogt f-	rtilization age of the	fatus (in waaks)
Date last normal menses	10/22/2017	Physici	an committe of	9	n weeks)	FOST 16	7	icias (in weeks)
How were the gestationa	l age and post fertilization	on age determined?						
ULTRASOUND	ULTRASOUND							
Full name of about it	orforming tomo:							
Full name of physician p DR. CAROL DELLING	-							
Address of physician per	=		te, and zip code	e)				
200 S. MERIDIAN ST,	INDIANAPOLIS, IN 46	5225						
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/05/2018

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						ncy terminat	tion	County of pregna	ancy termination		
					T						
Patient's age** 28	Marri	ied Yes I No		12/29/20		Educa	tion		sociate Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Blac		an American	Unknow		ty panic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living						w deceased	0		
Other Termination	s:	Number of spontaneou	us terminations				Number of	induced tern	ninations		
Dates of termination		not include this termin	ation. If more t	han six (6		ost recent.)		5	1		
Fetus delivered alive		If yes, length of tir	me fetus surviv	red:		*-		Comp	ication(s) of Pregnar	ncy Termination	
☐ Yes ■	No					■ None ☐ Uterine Perforation					
								☐ Hemorrha	ge 🗆 Cer	vical Laceration	
Fetus viable?	NT -	If viable, medical	reason for term	nination:		Hemorrhage Cervical Laceration					
☐ Yes ■ 1	No					☐ Infection ☐ Retained Products ☐ Other (Specify)					
Dalling to the second								Other (Sp	ecify)		
Pathological examination performed? If yes, results:											
Yes No										sult in a maternal death?	
								Yes •	No		
				Туре	of Termin	nation Procedu	res				
Procedure that Term	inated	Pregnancy				Additional Pr	rocedure that	Terminated	Pregnancy		
Medical (Nonsu								l) Mifepristo			
Medical (Nonsu Medical (Nonsu		Misoprostol Other (Specify)						 Misoprost Other (Specifical) 			
	1) 0						(G : 1) G	1 0			
	cal) Me	enstrual Aspiration				Medical	(Surgical) N	Suction Curet Menstrual As _l	oiration		
Medical (Surgio	cal) Ot	her (Specify)				☐ Medical	(Surgical)	Other (Specify	·)		
For Medical (Surgic	al) proc	cedures, answer the fo	llowing question	on.		For Medical	(Surgical) pro	ocedures, ans	wer the following qu	uestion.	
		ve a post fertilization	age at least 20	weeks?		_			rtilization age at lea	st 20 weeks?	
	☐ No					_	Yes No				
If the previous quest	ion wa	s answered yes, compl	lete the followi	ng questio	ons.	If the previou	is question w	as answered	yes, complete the fo	llowing questions.	
	n the bo	est opportunity to surv	vive?				us given the Yes \(\square\) No	1.1	nity to survive?		
		termination that the pr								oman had a condition	
that required the programmer woman?	rocedur	e to avert death or seri	ious impairmer	nt to the pr	regnant	that require woman?	d the procedu	ure to avert d	eath or serious impa	irment to the pregnant	
Date last normal me	nses ha	gan		Physicia	an estimate	e of gestation (in weeks)	Doct	fertilization age of th	ne fetus (in wooks)	
Date last normal me		gan 0/23/2017		1 Hysicia	an commat	8 8	ii weeks)	Tost	fertifization age of the		
	ional a	ge and post fertilization	on age determin	ied?				•			
ULTRASOUND											
	, .										
Full name of physici DR. CAROL DELL	INGEF	2									
	-	ming termination (number of the control of the cont		t, city, star	te, and zip	code)					
	,	-,									
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):							

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Facility Name and Add PPIN-GEORGETOWN OR (PP	Facility Name and Address PIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, Patient's age** Married Date of pregnance						ncy termination	l	County of pregnancy termination MARION
	_								
21		ied □ Yes ■ No		nancy termina 12/29/2017	tion	Educa			ool Diploma or GED
Race American Indian or Native Hawaiian or	Oth	er Pacific Islander	Asian White	■ Black of Other	r Afric	an American	Unknown	■ Not	y anic or Latino Hispanic or Latino
Live Births:	1	Number now living	0				Number now	deceased	0
Other Terminations:	1	Number of spontaneous					Number of in	duced termi	inations
Dates of terminations (Do n	not include this termina	tion. If more t	han six (6), th	hose mo	ost recent.)			0
1		2	3			4	5		6
Fetus delivered alive?		If yes, length of tim	ne fetus surviv	red:				Compli	cation(s) of Pregnancy Termination
☐ Yes ■ No)						■	None	☐ Uterine Perforation
								Hemorrhag	ge
Fetus viable?		If viable, medical re	eason for term	nination:					_
☐ Yes ■ No)							Infection	Retained Products
								Other (Spe	cify)
Pathological examination If yes, results:									
performed? ☐ Yes ■ No							Didth	is torminati	ion of pregnancy result in a maternal death?
∐ Yes ■ No									
				Type of	Termi	nation Procedur	res		
				Type of	Termin				
Procedure that Termina	ated	Pregnancy				Additional Pr	ocedure that Te	rminated P	regnancy
Medical (Nonsurg							(Nonsurgical)		
Medical (NonsurgMedical (Nonsurg							(Nonsurgical)		
		(1)))					` ,	. 1	
☐ Medical (Surgical) ☐ Medical (Surgical)							(Surgical) Suc (Surgical) Mer		
Medical (Surgical)						Medical	(Surgical) Oth	er (Specify)	ITATION
For Medical (Surgical)	proc	cedures, answer the foll	owing questic	on.		For Medical ((Surgical) proce	dures, ansv	ver the following question.
		ve a post fertilization a	ge at least 20	weeks?				e a post fer	tilization age at least 20 weeks?
☐ Yes ☐	No					☐ !	Yes No		
If the previous question	ı wa	s answered yes, comple	ete the following	ng questions.		If the previou	is question was	answered y	res, complete the following questions.
		est opportunity to survi	ve?				us given the bes	t opportuni	ity to survive?
☐ Yes ☐	No					<u> </u>	Yes No		
		termination that the pre te to avert death or serio							that the pregnant woman had a condition ath or serious impairment to the pregnant
woman?	eaui	e to avert death or serio	ous impairmei	it to the pregn	iani	woman?	a me procedure	to avert de	ath of serious impairment to the pregnant
				_					
Date last normal mense		gan //16/2017		Physician e	estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the fetus (in weeks) 5
How were the gestation			age determin	l ied?		•			J
ULTRASOUND	How were the gestational age and post fertilization age determined? JLTRASOUND								
Full name of physician	Full name of physician performing termination								
DR. CAROL DELLIN	_	-							
Address of physician p		-		t, city, state, c	and zip	code)			
200 S. MERIDIAN ST	, IN	DIANAPOLIS, IN 462	225						
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):					_

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEÓRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or t	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age** 21	Marri	ed □ Yes ■ No	Date of pregn	nancy termin 12/29/2017		Educa	tion	н		ol Diploma or GI	ĒD	
Race American Indian or Native Hawaiian or			Asian White	☐ Black		an American	☐ Uni	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	N	Number now living	0				Numb	er now d	eceased	0		
Other Terminations:	N	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations		
Dates of terminations (Do n		ution. If more to	than six (6),	those mo	ost recent.)		5.		6.		
Fetus delivered alive?		If yes, length of tir		ved:		***			Complic	ation(s) of Pregnan	cy Termination	
☐ Yes ■ No)							■ N	None	☐ Uter	ine Perforation	
								П	Hemorrhage	e □ Cerv	rical Laceration	
Fetus viable? ☐ Yes ■ No	`	If viable, medical	eason for term	nination:					nfection	_	ined Products	
	ies E No									_	ined Froducts	
Doth alogical avaminati	Other (Specify)											
Pathological examination performed? If yes, results:												
☐ Yes ■ No								Did this			ult in a maternal death?	
Type of Termination Procedures												
Procedure that Termina	otad I	Drognan av		-77-		Additional Pr		that Tar	minated Dr	agnonav		
☐ Medical (Nonsurg ☐ Medical (Nonsurg									Iifepriston Iisoprostol			
☐ Medical (Nonsurg	gical)	Other (Specify)				☐ Medical	(Nonsu	rgical) C	ther (Speci	ify)		
Medical (Surgical									on Curettag			
☐ Medical (Surgical ☐ Medical (Surgical									strual Aspir (Specify)	ration		
For Medical (Surgical)	proc	edures, answer the fol	lowing questio	on.		For Medical (Surgica	l) proced	ures, answ	er the following qu	estion.	
Was the fetus viable	or ha	ve a post fertilization					_	-		ilization age at leas		
☐ Yes ■						_	Yes [
If the previous question				ng question	IS.	•	•		•	es, complete the fol	lowing questions.	
Was the fetus given t ☐ Yes ☐		st opportunity to surv	ive?				us given Yes [opportunit	y to survive?		
		ermination that the pr									man had a condition	
that required the proc woman?	cedure	e to avert death or seri	ous impairmen	nt to the pre	gnant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impair	rment to the pregnant	
Date last normal mense	es be	gan		Physician	n estimate	e of gestation (i	n weeks	·)	Post fer	rtilization age of the	e fetus (in weeks)	
	10	/28/2017		_		7				5	. ,	
How were the gestation ULTRASOUND	nal ag	ge and post fertilizatio	n age determin	ned?								
OZINAGOOND												
Full name of physician DR. CAROL DELLIN	_	-										
Address of physician p			nber and street	t, city, state	, and zip	code)						
200 S. MERIDIAN ST		=										
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):								

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Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or		ncy termination		County of pregna	ncy termination ARION	
Datie : t' - 4:4			Dota		inat:	1 51	tion				
Patient's age** 27	Mar	ried Yes No	Date of pregr	nancy termi 12/29/201		Educat			ool Diploma or Gl	ED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		an American	Unknown	Not I	y anic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	2				Number now d	leceased	0		
Other Termination	-	Number of spontaneou	1				Number of ind	uced termi	nations 1		
Dates of termination 1. UNKNOWN	ns (Do	not include this termino 2. UNKNOWN	ation. If more t			ost recent.)	5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:				Compli	cation(s) of Pregnan	cy Termination	
☐ Yes ■	No						• I	None	☐ Uter	ine Perforation	
F		70 : 11 1: 1	· ·			☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable? Yes	No	If viable, medical	reason for tern	nination:		☐ Infection ☐ Retained Products					
								Other (Spec	cify)		
Pathological examin	ation	If yes, results:						(~ <i>I</i>	-957		
performed?							D.141.		C	11 10	
Lifes - No										ult in a maternal death?	
<u> </u>											
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsurgical) N	Mifepriston	ne		
Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)					(Nonsurgical) Nonsurgical				
_ `	C	, (1)						` 1			
Medical (Surgional Control of the Control of t	2 (Inc	uction Curettage				☐ Medical	(Surgical) Sucti	ion Curatta	100A		
☐ Medical (Surgio	cal) N	Ienstrual Aspiration				☐ Medical	(Surgical) Men	strual Aspi	ration		
Medical (Surgio	cal) C	Other (Specify)				Medical (Surgical) Other (Specify)					
	1						(2 1 1)		1 0 11		
	, I	ocedures, answer the fol	<i>U</i> 1						ver the following qu		
Was the fetus viab ☐ Yes [have a post fertilization	age at least 20	weeks?			us viable or have Yes	e a post fer	tilization age at leas	t 20 weeks?	
If the previous quest	tion w	as answered yes, compl	ete the followi	ng question	ns.	If the previou	s question was a	nswered y	es, complete the fol	lowing questions.	
	n the l	best opportunity to surv	ive?				us given the best	opportuni	ty to survive?		
		etermination that the pr	egnant woman	n had a cond	dition			rmination t	hat the pregnant wo	man had a condition	
		ire to avert death or seri								rment to the pregnant	
woman:						woman:					
Date last normal me	nses b	egan		Physician	n estimat	e of gestation (i	n weeks)	Post fo	ertilization age of the	e fetus (in weeks)	
	1	0/11/2017			cominat	10	rectaj	1 050 10	8	c 15tas (in meens)	
How were the gestat	tional	age and post fertilizatio	n age determir	ned?							
OLIKASOUND											
		rforming termination									
DR. CAROL DELL Address of physician		R orming termination (num	mber and stree	et, city, state	e, and zip	code)					
	-	NDIANAPOLIS, IN 46			- 1	•					
**Date Reported t	**Date Reported to DCS, if Patient under 14 (month, day, year):										

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Facility Name and Addre	SSS) - 8590 GEORGETOWN ROAD, INDIA	NAPOLIS, IN, 46268	City or town, of pregna	ncy termination	County of pregnancy termination MARION					
Datient's aga**		of pragnancy town:	ation Edu	tion						
39	nrried Date ☐ Yes ■ No	of pregnancy termina 12/29/2017	ation Educa	Som	ne College, No Degree					
Race American Indian or A Native Hawaiian or C	other Pacific Islander W	=	or African American	☐ Unknown ☐	nicity Hispanic or Latino Not Hispanic or Latino 🔲 Unknown					
Live Births:	Number now living	5		Number now deceas	ed 1					
Other Terminations:	Number of spontaneous term	ninations 0		Number of induced	terminations 0					
Dates of terminations (De	o not include this termination.	If more than six (6), th	hose most recent.)							
1	1	3	4	5	mplication(s) of Pregnancy Termination					
Fetus delivered alive? Yes No	If yes, length of time fet	us survived:		_						
				■ None	☐ Uterine Perforation					
Fetus viable?	If viable, medical reason	for termination:		Hemo	rrhage					
☐ Yes ■ No				☐ Infect	ion Retained Products					
	(Specify)									
Pathological examination If yes, results:										
performed? ☐ Yes ■ No				Did this term	nination of pregnancy result in a maternal death?					
					No					
		Type of	Termination Procedur	res						
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Termina	ted Pregnancy					
☐ Medical (Nonsurgical			_	(Nonsurgical) Mifep						
☐ Medical (Nonsurgical	al) Misoprostol		☐ Medical	(Nonsurgical) Misop	rostol					
☐ Medical (Nonsurgical	al) Other (Specify)		☐ Medical	(Nonsurgical) Other	(Specify)					
Medical (Surgical)				(Surgical) Suction Co						
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)			(Surgical) Menstrual (Surgical) Other (Spe						
For Medical (Surgical) p	rocedures, answer the followin	a quartien	For Modical (Surgical) procedures	answer the following question					
				For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at lo	least 20 weeks?		ıs viable or have a poa ∕es □ No	st fertilization age at least 20 weeks?					
If the previous question v	was answered yes, complete the	e following questions.	If the previou	s question was answe	red yes, complete the following questions.					
•		& 1		•						
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			as given the best oppo Yes ☐ No	numey to survive:					
	determination that the pregnan				tion that the pregnant woman had a condition					
that required the proced woman?	lure to avert death or serious in	npairment to the pregr	nant that required woman?	d the procedure to ave	ert death or serious impairment to the pregnant					
· · · · · · · · · · · · · · · · · · ·										
Data last as a	haaan	Di · ·	nationat£		oot fautilizationf-tl C					
Date last normal menses	began UNKNOWN	Pnysician e	estimate of gestation (<i>i</i> 13	n weeks) P	ost fertilization age of the fetus (in weeks) 11					
How were the gestational	l age and post fertilization age	determined?								
ULTRASOUND										
Full name of physician po										
	forming termination (number of	and street, city, state, o	and zip code)							
	INDIANAPOLIS, IN 46225									
**Date Reported to Do	CS, if Patient under 14 (mor	ıth, day, year):								

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIANA	City	y or town, of pregna	ncy termination		County of pregnancy termination MARION			
Dationt's acaiks	l Dec	f prognan av ta	on Educa	tion					
36	rried Date of ☐ Yes ■ No	f pregnancy termination 12/29/2017	on Educa			ol Diploma or GED			
Race American Indian or A Native Hawaiian or O		=	African American	Unknown		nic or Latino ispanic or Latino			
Live Births:	Number now living	2		Number now d	eceased	0			
Other Terminations:	Number of spontaneous termin	ations		Number of indu	uced termin	ations 0			
Dates of terminations (De	o not include this termination. If	more than six (6), tho	se most recent.)			U			
1	23.		4	5		6			
Fetus delivered alive? Yes No	If yes, length of time fetus	survived:			Complica	ation(s) of Pregnancy Termination			
				■ N	None	☐ Uterine Perforation			
Fetus viable?	If viable, medical reason for	or termination:		D	Hemorrhage	Cervical Laceration			
Yes No	ii viable, incurcai reason re		□ I	nfection	☐ Retained Products				
				Ιпα	Other (Speci	(fy)			
Pathological examination	If yes, results:				· · · · · · · · · · · · · · · · · · ·	357			
performed?									
☐ Yes ■ No			Did this termination of pregnancy result in a maternal de Yes No						
		Type of T	ermination Procedu	res					
D d 4h . 4 T	1 D	1)00 01 1							
Procedure that Terminate	a Pregnancy		Additional Pi	ocedure that Ter	minated Pre	egnancy			
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical /li>				(Nonsurgical) M		,			
Medical (Nonsurgical			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage		— ☐ Medical	(Surgical) Sucti	on Curettag	re			
	Menstrual Aspiration			(Surgical) Mens	strual Aspira				
Medical (Surgical)	Other (<i>Specify</i>)		Medical	☐ Medical (Surgical) Other (Specify)					
For Medical (Surgical) pr	rocedures, answer the following of	question.	For Medical	For Medical (Surgical) procedures, answer the following question.					
	have a post fertilization age at le	ast 20 weeks?			a post ferti	lization age at least 20 weeks?			
☐ Yes ☐ N				Yes 🗌 No					
If the previous question v	vas answered yes, complete the f	ollowing questions.	If the previou	s question was a	nswered ye	s, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best Yes No	opportunity	y to survive?			
What was the basis for	determination that the pregnant v	voman had a condition	n What was t	ne basis for deter	mination th	at the pregnant woman had a condition			
	lure to avert death or serious imp					th or serious impairment to the pregnant			
woman:			woman:						
			•		ı				
Date last normal menses	began 11/13/2017	Physician est	imate of gestation (i	n weeks)	Post fer	tilization age of the fetus (in weeks) 4			
	age and post fertilization age de	termined?	-						
ULTRASOUND									
Full name of physician po	_								
Address of physician per	ER forming termination (number and	l street, city, state, an	d zip code)						
	NDIANAPOLIS, IN 46225	, 2, 5,0000, 000	×x/						
**Date Reported to Do	CS, if Patient under 14 (month	ı, day, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/05/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PPIN-GEÖRGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268			16268 Ci	ity or town, o	of pregna	•			County of pregnancy termination MARION	
Patient's age** 40	Marrie [ed ☐ Yes ■ No	Date of pregnance	y terminati 29/2017	ion	Educa	tion	н		ol Diploma or GED
Race American Indian Native Hawaiian			Asian White	Black or	African Am	erican	☐ Unl	known		nic or Latino Hispanic or Latino
Live Births:		umber now living	1					er now d		0
Other Termination	ns: N	umber of spontaneou	s terminations				Numbe	er of ind	uced termi	nations 0
Dates of termination		ot include this termin	ation. If more than 3	six (6), the	ose most rece	ent.)		5		6
Fetus delivered alive		If yes, length of ti	me fetus survived:						Complic	cation(s) of Pregnancy Termination
	INO							■ N	None	☐ Uterine Perforation
Fetus viable?		If viable, medical	reason for terminat	tion:		Hemorrhage Cervical Laceration				
☐ Yes ■	No					☐ Infection ☐ Retained Products				
									Other (Spec	eify)
Pathological examination performed? If yes, results:										
☐ Yes ■ No						Did this termination of pregnancy result in a maternal dea ☐ Yes ■ No				
							Į.			
				Type of T	Termination :	Procedu	res			
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy								regnancy		
☐ Medical (Nonsurgical) Mifepristone						Medical	(Nonsur	gical) M	lifepriston	e
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)						Medical Medical	(Nonsur (Nonsur	gical) M gical) C	Aisoprostol Other (Spec	ify)
Medical (Surgio									on Curetta	
Medical (Surgional Medical Medical (Surgional Medical Med		nstrual Aspiration er (Specify)							strual Aspir (<i>Specify</i>)	ration
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.		 For N	Medical (Surgical	l) proced	lures, answ	ver the following question.
	le or hav	re a post fertilization	age at least 20 wee	eks?	Wa	s the feti		e or have No	a post fert	ilization age at least 20 weeks?
If the previous quest	tion was	answered yes, compl	ete the following q	questions.	If the	e previou	s questio	on was a	nswered ye	es, complete the following questions.
Was the fetus give ☐ Yes [st opportunity to surv	ive?		Wa		us given Yes □		opportunit	ey to survive?
		ermination that the pr								hat the pregnant woman had a condition the or serious impairment to the pregnant
woman?			-		Wor	man?				
Data last na	naac 1	an	Total	hygicia	otimeta ef -	ototio- /	n 11.	1	Doct f	utilization aga of the fotos (i.e.,
Date last normal me	-	an KNOWN	PI	mysician es	stimate of ges 1	stat10n (<i>i</i> 3	n weeks,	<i>,</i>	Post fe	rtilization age of the fetus (in weeks) 11
How were the gestar	tional age	e and post fertilization	n age determined?							
Full name of physic DR. CAROL DELL	_	rming termination								
Address of physician 200 S. MERIDIAN	_	ning termination (num		ty, state, ai	nd zip code)					
white is the state of the state		· CD	4							
**Date Reported	to DCS,	if Patient under 1	4 (month, day, year	r):						-

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268					City or t	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
27	Iarried ☐ Yes ■	■ No	Date of pregn	nancy terminancy 12/29/201		Educa	ition			llege, No Degree	•	
Race American Indian or Native Hawaiian or			Asian White	☐ Black		an American	■ Un	known		nic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	Number now l	living	0				Numb	er now d	eceased	0		
Other Terminations:	Number of spo	ontaneous	s terminations				Numb	er of ind	uced termin	nations 0		
Dates of terminations (I	Do not include thi	is termina	ition. If more t	than six (6),	those mo	ost recent.)	1			<u> </u>		
1	2		3			4		5		6		
Fetus delivered alive? Yes No	If yes, len	igth of tin	ne fetus surviv	ed:					Complic	ation(s) of Pregnan	cy Termination	
								■ 1	None	☐ Uter	ne Perforation	
Fetus viable?	If viable	medical r	eason for term	nination:				☐ I	Hemorrhage	e 🔲 Cerv	ical Laceration	
☐ Yes ■ No								□ I	nfection	☐ Reta	ined Products	
									Other (Spec	ify)		
Pathological examination												
performed? ☐ Yes ■ No Did this termination of pregnancy result in a maternal death												
∐ Yes 🕒 No				Did this			ult in a maternal death?					
Type of Termination Procedures												
Duo andres that Tommina	tad Duamanay			-71-				that Tam	minoted Du	20000000		
Procedure that Termina						Additional P						
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi									Aifepriston Aisoprostol			
Medical (Nonsurgi									Other (Speci			
Medical (Surgical)	Suction Curettag	ge				☐ Medical	(Surgic	al) Sucti	on Curettag	ge		
Medical (Surgical) Medical (Surgical)	Menstrual Aspir					■ Medical	(Surgic	al) Mens	strual Aspir r (Specify)			
i Wedicai (Surgicai)	Outer (specify)					Wiedical	(Surgic	ai) Ouici	і (зресіју)			
For Medical (Surgical)	procedures, answ	er the foll	lowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	estion.	
Was the fetus viable of Yes ■		ilization a	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at leas	t 20 weeks?	
						_	_	_				
If the previous question	was answered ye	es, comple	ete the followi	ng question	ıs.	If the previou	ıs questi	ion was a	nswered ye	es, complete the fol	owing questions.	
Was the fetus given th ☐ Yes ☐		y to survi	ve?				us giver Yes [opportunit	y to survive?		
What was the basis fo	r determination th	not the pre	agnant woman	had a cond	lition	What was t	ha hacic	for deter	mination th	at the pregnant wo	man had a condition	
that required the proce						that require					ment to the pregnant	
woman?						woman?						
					I							
Date last normal mense	-			Physician	n estimate	e of gestation (in weeks	5)	Post fer	rtilization age of th	· ·	
How were the gestation	10/11/2017	artilization	age determin	ped?		13				11		
ULTRASOUND	a age and post le	aunzauol	i age uciciiiiii	iou:								
Full name of physician		nation										
DR. CAROL DELLING Address of physician pe		ntion (num	nher and stree	t city state	and zin	code)						
200 S. MERIDIAN ST	_			., cay, state	., ана цр	coue)						
**Date Reported to I	DCS, if Patient i	under 14	(month, day,	year):						-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PPIN-GEORGETOWN OR (PPGI) - 8590 GEORGETOWN ROAD, INDIANAPOLIS, IN, 46268				City or	City or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION		
					·					
24	Mar	ied Date of Yes No	of pregnancy terr 12/29/20		Educa			ollege, No Degree		
Race American Indian of Native Hawaiian of	r Otl	ner Pacific Islander 🔳 Wh			an American	Unknown	Not H	unic or Latino Iispanic or Latino Unknown		
Live Births:		Number now living	0			Number now de	eceased	0		
Other Terminations:		Number of spontaneous termi	nations			Number of indu	iced termin	nations		
Dates of terminations	(Do	not include this termination. I	more than six (6), those m	ost recent.)			0		
1		2	•		4	5		6		
Fetus delivered alive?		If yes, length of time fetu	s survived:				Complic	ation(s) of Pregnancy Termination		
☐ Yes ■ No	0					■ N	lone	☐ Uterine Perforation		
					☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable?		If viable, medical reason	for termination:							
☐ Yes ■ No	0				☐ Infection ☐ Retained Products					
					Other (Spec	ify)				
Pathological examination performed?										
Yes No							terminatio	on of pregnancy result in a maternal death?		
						Yes				
Type of Termination Procedures										
		_		<u> </u>						
Procedure that Termin	ated	Pregnancy			Additional Pr	ocedure that Terr	minated Pro	egnancy		
Medical (Nonsurg					Medical (Nonsurgical) Mifepristone					
☐ Medical (Nonsurg ☐ Medical (Nonsurg					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical Medical (Surgical		enstrual Aspiration				(Surgical) Suction (Surgical) Mens				
Medical (Surgical					☐ Medical	(Surgical) Other	(Specify)	auon		
- W 1' 1/G ' 1		1 4 6 11 1				(C ' 1) 1		4 6 11		
For Medical (Surgical)) pro	cedures, answer the following	question.		For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable ☐ Yes ■		ave a post fertilization age at l	east 20 weeks?			us viable or have Yes	a post ferti	ilization age at least 20 weeks?		
					_					
If the previous question	n wa	is answered yes, complete the	following questi	ions.	If the previou	s question was ar	nswered ye	es, complete the following questions.		
Was the fetus given t ☐ Yes ☐		est opportunity to survive?				us given the best Yes No	opportunit	y to survive?		
What was the basis f	or d	etermination that the pregnant	woman had a co	ondition	What was th	ne basis for deter	mination th	nat the pregnant woman had a condition		
that required the prod		re to avert death or serious im			that require			th or serious impairment to the pregnant		
woman?					woman?					
Date last normal mens	es b	egan	Physic	ian estimat	e of gestation (i	n weeks)	Post fer	rtilization age of the fetus (in weeks)		
		0/14/2017			11			9		
_	nal a	ge and post fertilization age d	etermined?							
ULTRASOUND										
Full name of physician DR. CAROL DELLIN	_	_								
		rming termination (number an	d street, city, sta	ate, and zin	code)					
		IDIANAPOLIS, IN 46225	. ,	- T	,					
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):									

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Facility Name and Addre	City or to	ity or town, of pregnancy termination INDIANAPOLIS				f pregnancy ter				
Dationt's acc-**		Data of man	inotic-	na -	ion					
27	arried Yes No	Date of pregnancy term 12/29/201		Educat	10n		hool Diplom	na or GED		
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Black ☐ White ☐ Othe		n American	☐ Unk		city ispanic or Lati ot Hispanic or		Unknown	
Live Births:	Number now living	1			Numbe	er now decease	0			
Other Terminations:	Number of spontaneou	s terminations			Numbe	er of induced to				
Dates of terminations (Do	l o not include this termina 2. 2017), those mo	st recent.)		5		4		
Fetus delivered alive?	If yes, length of tin		4.	·			plication(s) of	Pregnancy Ter	mination	
Yes No	in yes, length of th	ne retus sur viveu.				■ None	Г	Uterine Per		
							ь	_		
Fetus viable?	If viable, medical			☐ Hemori	_	Cervical La				
☐ Yes ■ No	☐ Yes ■ No							Retained P	roducts	
						Other ((pecify)			
Pathological examination performed?										
Yes No				Did this termi	ation of pregn	ancy result in a	maternal death?			
						No				
		Туре	of Termin	ation Procedur	es					
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure	that Terminate	d Pregnancy			
☐ Medical (Nonsurgic	al) Mifepristone			☐ Medical	(Nonsur	rgical) Mifepri	tone			
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic	al) Misoprostol									
iviedicai (Nollsurgica	ar) Other (<i>specify</i>)			☐ Medicai	(INOIISUI	igical) Other (2	ресцу)			
Medical (Surgical)	Suction Curettage Menstrual Aspiration					al) Suction Cur al) Menstrual A				
Medical (Surgical)				☐ Medical	(Surgica	al) Other (Spec	fy)			
For Medical (Surgical) p	rocedures, answer the fol	llowing question.		For Medical (Surgical	l) procedures, a	nswer the follo	owing question.		
Was the fetus viable or	have a post fertilization	age at least 20 weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes N		age at least 20 weeks.		_	es [_ *	rerumzation ag	ge at least 20 W	cons.	
If the previous question v	was answered yes, compl	ete the following questio	ns.	If the previou	s questio	on was answere	d yes, complet	e the following	questions.	
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	ive?			ıs given Yes 🗀	the best opport	unity to surviv	re?		
What was the basis for	determination that the pr	egnant woman had a con	dition	What was th	ne basis	for determinati	on that the pres	gnant woman h	ad a condition	
that required the proceed woman?	dure to avert death or seri	ious impairment to the pr	egnant	that required woman?	the pro	ocedure to avert	death or serio	us impairment	to the pregnant	
woman:				woman:						
Date last normal menses	began 10/07/2017	Physicia	n estimate	of gestation (ii	n weeks,) Po	t fertilization a	age of the fetus	(in weeks)	
How were the gestational		n age determined?								
ULTRASOUND										
Full name of physician p	-									
Address of physician per		mber and street, city, stat	e, and zip o	code)						
200 S. MERIDIAN ST,	INDIANAPOLIS, IN 46	5225								
**Date Reported to D	CS, if Patient under 14	4 (month, day, year):								

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Facility Name and Addre	SS) - 8590 GEORGETOWN ROAI	City or tow	y or town, of pregnancy termination INDIANAPOLIS				County of preg	nancy termination MARION		
				IIADIAN	.A. OLI				MANUAL	
27	rried	Date of pregnancy term 12/29/201		Educat	tion			er's Degree		
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	☐ Asian ☐ Black ■ White ☐ Othe	k or African	American	☐ Unk		Not Hi	ic or Latino spanic or Latin	o Unknown	
Live Births:	Number now living	0				nber now deceased 0				
Other Terminations:	Number of spontaneou	us terminations 0			Numbe	er of indu	iced termina	ations 0		
Dates of terminations (Da										
I	1	3	4			5	Complicat		nancy Termination	
Fetus delivered alive? ☐ Yes ■ No	If yes, length of ti	me fetus survived:					•	_	•	
						■ N		_	terine Perforation	
Fetus viable?	If viable, medical	reason for termination:			∐ Н	Iemorrhage	□с	ervical Laceration		
☐ Yes ■ No			☐ Ir	nfection	☐ R	etained Products				
☐ Other (Specify)										
Pathological examination performed?										
Yes No	Did this termination of pregnancy result in a maternal dea									
☐ Yes ■ No										
		Туре	of Terminat	ion Procedur	es					
Procedure that Terminate	d Pregnancy		A	Additional Pr	ocedure	that Terr	minated Preg	gnancy		
Medical (Nonsurgica	al) Mifepristone		[Medical	(Nonsur	gical) M	lifepristone			
☐ Medical (Nonsurgica Medical (Nonsurgica				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgical) S	Suction Curettage		_F	☐ Medical	(Surgica	al) Suction	on Curettage	<u> </u>		
	Menstrual Aspiration		֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Medical	(Surgica	al) Mens	trual Aspira			
Wedicai (Surgicai)	Other (Specify)		'	☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical) pr	rocedures, answer the fo	llowing question.	F	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks?			ıs viable Yes 🗀		a post fertil	ization age at le	east 20 weeks?	
If the previous question v		lete the following question	ns. I	_		_	nswered yes	, complete the	following questions.	
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	rive?		Was the fett	ıs given ∕es □		opportunity	to survive?		
		regnant woman had a con							woman had a condition	
that required the proced woman?	ure to avert death or ser	ious impairment to the pro-	egnant	that required woman?	d the pro	ocedure to	o avert death	n or serious imp	pairment to the pregnant	
Date last normal menses	began	Physicia	n estimate o	f gestation (i	n weeks)	Post fert	ilization age of	the fetus (in weeks)	
	10/10/2017	•		10					8	
How were the gestational ULTRASOUND	age and post fertilization	on age determined?								
OLINASOUND										
Full name of physician pe	Full name of physician performing termination									
DR. CAROL DELLING	ER									
Address of physician peri 200 S. MERIDIAN ST, I	=		e, and zip co	de)						
200 G. MERIDIAN SI, I	TOLIO, IN 40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
**Date Reported to Do	CS, if Patient under 1	4 (month, day, year):								

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Facility Name and Addre	City or to		ncy termination		County of pregnand	cy termination				
Patient's age** Ma	urried Yes No	Date of pregnancy ter 12/29/2		Educat	tion		ter's Degree			
Race American Indian or A Native Hawaiian or O		= =	ack or Africa her	n American	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	0			Number now o	leceased	0			
Other Terminations:	Number of spontaneou	is terminations			Number of ind	uced termin	nations 0			
Dates of terminations (De	not include this termin	ation. If more than six	(6), those mo	st recent.)						
1	1	3	4	l	5	Complia	eation(s) of Pregnanc	v. Tomaination		
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:				•	_			
						None	Uterir	ne Perforation		
Fetus viable?	If viable, medical	reason for termination:				Hemorrhage	e	cal Laceration		
☐ Yes ■ No						Infection	☐ Retair	ned Products		
		Other (Spec	cify)							
Pathological examination performed?										
Yes No				Did thi	s terminatio	on of pregnancy resu	It in a maternal death?			
☐ Yes ■ No										
		Ту	pe of Termin	ation Procedur	es					
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure that Ter	minated Pr	regnancy			
■ Medical (Nonsurgical					(Nonsurgical) N					
Medical (Nonsurgical Medical Medical (Nonsurgical Medical /li>					(Nonsurgical) (Nonsurgical) (
☐ Medical (Surgical)	Suction Curettage			☐ Medical	(Surgical) Suct	ion Curetta	ne .			
☐ Medical (Surgical)	Menstrual Aspiration			Medical	(Surgical) Men	strual Aspir				
☐ Medical (Surgical)	Other (Specify)			☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical) pr	rocedures, answer the fol	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization	age at least 20 weeks?			ıs viable or have ∕es □ No	e a post fert	ilization age at least	20 weeks?		
			,·	_		1	1. 4. 6.11			
If the previous question v			tions.	•	•	•	es, complete the follo	owing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the best Tes \text{No}	opportunit	y to survive?			
What was the basis for	determination that the pr	regnant woman had a c	ondition	What was th	ne basis for deter	rmination th	hat the pregnant won	nan had a condition		
	lure to avert death or seri						th or serious impairr			
woman:				woman:						
Data last	hagan	Tri '	oionti	of on-t-t' '		D C	utilization Cd	fotos (inL.)		
Date last normal menses	began 11/03/2017	Pnysi	cian estimate	of gestation (in 8	n weeks)	Post Iei	rtilization age of the 6	icius (<i>in weeks)</i>		
How were the gestational	age and post fertilization	n age determined?				1				
ULTRASOUND										
Fall at C. 1	:									
Full name of physician po DR. CAROL DELLINGI	-									
Address of physician per	-		tate, and zip	code)						
200 S. MERIDIAN ST, I	INDIANAPOLIS, IN 46	5225								
**Date Reported to Do	CS, if Patient under 14	4 (month, day, year): _					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr PLANNED PARENTHOOD OF I LAFAYETTE, IN, 47905	City or town, of pregnancy termination LAFAYETTE				County of pregnand	cy termination ECANOE				
Patient's age** M	arried	Date of pregnancy term	nination	Educa	tion			=		
19	Yes No	12/27/20		Zuueu			ol Diploma or GE	D		
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian Blace White Other	ck or African Am er	erican	Unknown	■ Not I	/ anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	0			Number now d		0			
Other Terminations:	Number of spontaneou	s terminations 0			Number of ind	uced termi	nations 0			
Dates of terminations (D	Oo not include this termin	,		ent.)	_					
Fetus delivered alive?	If yes, length of tin	me fetus survived	4		5	Complic	cation(s) of Pregnanc	y Termination		
Yes No	in yes, rengin or in	io recus sur riveu.				None	☐ Uterin	e Perforation		
						Hemorrhag	_	cal Laceration		
Fetus viable?	If viable, medical	reason for termination:				Č	_			
☐ Yes ■ No					Infection	_	ned Products			
5.1.1.1	70 1					Other (Spec	cify)			
Pathological examination performed? If yes, results:										
☐ Yes ■ No					Did this			It in a maternal death?		
Type of Tampination Decardures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (NonsurgionMedical (Nonsurgion					(Nonsurgical) N (Nonsurgical) N					
Medical (Nonsurgion					(Nonsurgical) (
Medical (Surgical)					(Surgical) Sucti					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Mens (Surgical) Othe		ration			
_										
For Medical (Surgical) r	procedures, answer the fol	lowing question		Medical ((Surgical) proces	lurge anew	ver the following que	etion		
				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viable of Yes	r have a post fertilization No	age at least 20 weeks?	Wa		us viable or have Yes 🔲 No	e a post fert	ilization age at least	20 weeks?		
If the previous question	was answered yes, compl	ete the following question	ons. If the	e previou	s question was a	nswered ye	es, complete the follo	wing questions.		
Was the fetus given the	e best opportunity to surv	ive?	W	s the fet	us given the best	onnortunit	ty to survive?			
Yus the fetus given the					Yes No	оррогиян	ty to survive.			
	determination that the pr						hat the pregnant won			
that required the proce- woman?	dure to avert death or seri	ous impairment to the p		t require man?	d the procedure t	to avert dea	nth or serious impairr	nent to the pregnant		
Date last normal menses	began	Physici	an estimate of ge	station (i	'n weeks)	Post fe	rtilization age of the	fetus (in weeks)		
	10/28/2017		_	9			7	•		
How were the gestational ULTRASOUND	al age and post fertilization	n age determined?								
221101000110										
Full name of physician p	_									
	rforming termination (num	nber and street, city, sta	te, and zip code)							
200 S. MERIDIAN ST.	STE 400, INDIANAPO	LIS, IN 46268								
**Date Reported to D	OCS, if Patient under 14	4 (month, day, year):					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/08/2018

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD OF INDIANA (LAFAYETTE) - 964 MEZZANINE DRIVE, LAFAYETTE, IN, 47905				City or tow	City or town, of pregnancy termination LAFAYETTE				County of pregnancy termination TIPPECANOE		
To all their			D		1						
Patient's age** 23	Mar	ried Yes I No	Date of pregnancy term 12/27/20		Educa	tion			llege, No Degree		
Race American Indian Native Hawaiian	or Otl	ner Pacific Islander	☐ Asian ☐ Blac ■ White ☐ Other	ck or African A	American		known	■ Not H	nic or Latino 🔲 Unknown		
Live Births:		Number now living	1			Numb	er now dece	easea	0		
Other Termination	5.	Number of spontaneou	1			Numb	er of induce	ed termin	ations 2		
Dates of termination 1. 2014	s (Do	not include this termin 2. 08/30/2014	ation. If more than six (6	5), those most 1 4	recent.)		5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:				(Complica	ation(s) of Pregnancy Termination		
☐ Yes ■ I	No						■ Nor	ne	☐ Uterine Perforation		
Fetus viable?		If viable medical	reason for termination:				☐ Her	norrhage	☐ Cervical Laceration		
Yes I	No	ir vinoso, modicus					☐ Infection ☐ Retained Products				
							☐ Other (Specify)				
Pathological examination performed? If yes, results:											
Yes No						Did this termination of pregnancy result in a maternal death					
				☐ Yes	■ No						
Type of Termination Procedures											
Procedure that Terminated Pregnancy					dditional Pr	ocedure	that Termin	nated Pre	egnancy		
■ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)					 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 						
Medical (Surgio	al) M	enstrual Aspiration			Medical	(Surgic	al) Suction al) Menstru al) Other (S	ıal Aspira			
	1)	1 4 6			N 1' 1	(C :	1) 1		4. 6.11		
	_	cedures, answer the fo			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or h No		age at least 20 weeks?		_	us viabl	_ ^	post ferti	lization age at least 20 weeks?		
If the previous quest	ion wa	as answered yes, comp	lete the following question	ons. If	the previou	s questi	on was ansv	wered ye	s, complete the following questions.		
Was the fetus given Yes		est opportunity to surv	rive?			us given Yes		portunity	y to survive?		
			regnant woman had a corious impairment to the p	regnant					at the pregnant woman had a condition the or serious impairment to the pregnant		
Date last normal men		•	Physici	an estimate of		n weeks	i)	Post fer	tilization age of the fetus (in weeks)		
How were the gestat		0/17/2017 age and post fertilization	on age determined?		8				6		
ULTRASOUND											
Full name of physici	an ro	forming termination									
DR. JOHN WILLIA	M ST	UTSMAN									
	-	rming termination (nu. TE 400, INDIANAPO	mber and street, city, sta DLIS, IN 46268	te, and zip cod	de)						
**Date Reported t	o DC	S, if Patient under 1	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	ddres of ind	S DIANA (LAFAYETTE)	- 964 MEZ	ZZANINE DRIVE,		City or town, of pregnancy termination LAFAYETTE				County of pregnancy terminat TIPPECANOE	ion			
TD cl. cl. steate			- 1	D			l E i	. •						
Patient's age** 19	Mar	ried Yes •		Date of pregnar	ncy termir 2/27/2017		Educa	tion			llege, No Degree			
Race American Indian Native Hawaiian		her Pacific Island	ler	Asian White	☐ Black	or African A	American		known	■ Not F	nic or Latino	ıknown		
Live Births:		Number now livi	ing	0				Numb	er now d	eceased	0			
Other Termination		Number of spont		0				Numb	er of ind	uced termii	nations 0			
Dates of termination	s (Do	not include this to		,			recent.)		5		6			
Fetus delivered alive				e fetus surviveo						Complic	ation(s) of Pregnancy Terminat	ion		
☐ Yes ■ 1	NO								1	None	Uterine Perforati	on		
Fetus viable?	ason for termin	nation:				I	Hemorrhag	e Cervical Lacerati	ion					
☐ Yes ■ No							☐ Infection ☐ Retained Products							
										Other (Spec	rify)			
Pathological examination performed? If yes, results:														
☐ Yes ■ No							Did this termination of pregnancy result in a materna Yes No							
					Туре	of Terminati	on Procedu	res						
Procedure that Term	inated	Pregnancy				A	dditional Pi	ocedure	e that Ter	minated Pr	egnancy			
Medical (NonsuMedical (NonsuMedical (Nonsu	ırgica) Misoprostol	1				Medical	(Nonsu	rgical) N	Mifepriston				
☐ Medical (Nonst	ırgıca) Other (Specify))				_ Medical	(Nonsu	rgical) (Other (Spec	tfy)			
		uction Curettage Ienstrual Aspirati								on Curetta				
Medical (Surgio			OII							r (Specify)	ation			
For Medical (Surgic	al) pro	ocedures answer	the follo	owing question			or Medical	Survice	al) proced	lures answ	er the following question.			
Was the fetus viab	_								_		ilization age at least 20 weeks?			
	□ No)						Yes [No	•	es, complete the following quest	tions		
Was the fetus give	n the l	pest opportunity to	•		g question:		Was the fet	us giver	the best	•	y to survive?	nons.		
☐ Yes [_		.a				_	Yes [_			11.1		
What was the basis that required the program?						gnant					nat the pregnant woman had a co th or serious impairment to the			
Date last normal me	nses h	egan			Physician	estimate of	gestation (i	in weeks	5)	Post fe	rtilization age of the fetus (in wa	eeks)		
	U	NKNOWN			•	41	6		*		4	,		
How were the gestat ULTRASOUND	ıonal	age and post ferti	lization	age determined	d'?									
Full name of physici DR. JOHN WILLIA	M ST	UTSMAN												
Address of physician 200 S. MERIDIAN	-	-			city, state,	, and zip cod	le)							
**Date Reported t	o DC	S, if Patient un	der 14	(month, day, ye	ear):						-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/08/2018

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PLANNED PARENTHOOD OF LAFAYETTE, IN, 47905		964 MEZZANINE DRIVE	Ε,						cy termination ECANOE
Patient's age**	Angrind	Date of pred	nancy termina	ation	Educa	tion			
21	farried ☐ Yes ■		12/27/2017		Luuca	non	Asso	ociate Degree	
Race American Indian or Native Hawaiian or		Asian er White	☐ Black o	or African Ame	erican	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown
Live Births:	Number now livi	ng O				Number now	deceased	0	
Other Terminations:	Number of spont	aneous terminations	s			Number of ir	iduced termi	nations 0	
Dates of terminations (I	Do not include this to	v	than six (6), t	hose most rece	ent.)				
Fetus delivered alive?	If yes length	a of time fetus survi	ved:	4		5.	Compli	cation(s) of Pregnanc	v Termination
Yes No		or time ictus survi	ved.				None	_	ne Perforation
							Hemorrhag		cal Laceration
Fetus viable?	,	dical reason for terr	mination:					_	
☐ Yes ■ No							Infection	_	ned Products
Ball to the	TC 1.						Other (Spec	cify)	
Pathological examination performed?	on If yes, result	S:							
☐ Yes ■ No	•					Did ti			It in a maternal death?
							<u>es</u> <u>– N</u>	0	
			Type of	f Termination I	Procedin	es			
Procedure that Termina	ited Pregnancy		1,500			ocedure that T	erminated D	reanancy	
_									
Medical (NonsurgiMedical (Nonsurgi	ical) Misoprostol				Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	1	
Medical (Nonsurgi	ical) Other (Specify)				Medical	(Nonsurgical)	Other (Spec	cify)	
	Suction Curettage					(Surgical) Suc			
Medical (Surgical) Medical (Surgical)	Menstrual Aspirati Other (Specify)	on				(Surgical) Me (Surgical) Oth			
For Medical (Surgical)	procedures, answer t	he following questi	ion.	For M	ledical (Surgical) proc	edures, answ	ver the following que	 stion.
Was the fetus viable of								tilization age at least	
Yes Yes		ation age at least 20	y weeks.	*****		res No	ve a post fer	unzation age at least	20 Weeks.
If the previous question	was answered yes,	complete the follow	ing questions	. If the	previou	s question was	answered y	es, complete the follo	owing questions.
Was the fetus given th		o survive?		Was		us given the be	st opportuni	ty to survive?	
☐ Yes ☐	No				☐ Y	Yes No			
What was the basis for that required the process.								hat the pregnant won ath or serious impair	
woman?			٢8		nan?	F			
Date last normal mense	•		Physician	estimate of ges		n weeks)	Post fe	ertilization age of the	fetus (in weeks)
How were the gestation	11/06/2017 all age and post fertil	ization age determi	ned?	7	<u> </u>			5	
ULTRASOUND	C I								
Full name of physician DR. JOHN WILLIAM		ion							
Address of physician po	Č	,		and zip code)			·		
200 S. WERIDIAN ST	. 31E 400, INDIAN	IAFULIS, IN 4626	JO						
**Date Reported to I	DCS, if Patient und	der 14 (month, day,	, year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/08/2018

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Facility Name and Addre PLANNED PARENTHOOD OF IN LAFAYETTE, IN, 47905	SS IDIANA (LAFAYETTE) - 964 MEZZANINE DRIV	E, City o	City or town, of pregnancy termination LAFAYETTE County of pregnancy termination TIPPECANOE						
D a man	1		1	··					
29	rried Date of preg ☐ Yes ■ No	nancy termination 12/27/2017	Educa	tion		elor's Degree			
Race American Indian or A Native Hawaiian or O		☐ Black or Afr	ican American	Unknown		nic or Latino ispanic or Latino			
Live Births:	Number now living			Number now o	leceased	0			
Other Terminations:	Number of spontaneous termination			Number of ind	luced termin				
Dates of terminations (De	o not include this termination. If more	than six (6), those i	nost recent.)			O .			
1	2 3		4	5		6			
Fetus delivered alive? Yes No	If yes, length of time fetus survi	ved:			Complica	ation(s) of Pregnancy Termination			
					None	☐ Uterine Perforation			
Fetus viable?	If viable, medical reason for term	mination:			Hemorrhage	☐ Cervical Laceration			
Yes No	in vitable, incured reason for con-				Infection	☐ Retained Products			
					Other (Speci	ify)			
Pathological examination	If yes, results:					··			
performed?									
☐ Yes ■ No				Did thi ☐ Ye		n of pregnancy result in a maternal death?			
				•					
		Type of Term	nination Procedur	res					
Procedure that Terminate	d Pregnancy	J ₁		ocedure that Ter	rminated Dec	ognanev.			
			1_						
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical /li>				(Nonsurgical) N (Nonsurgical) N					
Medical (Nonsurgical				(Nonsurgical) (fy)			
Medical (Surgical)				(Surgical) Suct					
☐ Medical (Surgical) ☐ Medical (Surgical) ☐	Menstrual Aspiration Other (Specify)		☐ Medical	(Surgical) Men (Surgical) Othe	strual Aspira	ation			
(outgrout)	· (~x · · 327			, , , , , , , , , , , , , , , , , , ,	(-F-09J)				
For Modical (C:1)	regardures angrees the felli	ion	For Medical (Surgical) procedures, answer the following question.						
	rocedures, answer the following quest								
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization age at least 20 to) weeks?		us viable or have Yes 🔲 No	e a post ferti	lization age at least 20 weeks?			
If the previous question v	was answered yes, complete the follow	ving questions.	If the previou	s question was a	answered ye	s, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best	t opportunity	y to survive?			
									
	determination that the pregnant woma lure to avert death or serious impairme					at the pregnant woman had a condition the or serious impairment to the pregnant			
woman?	•		woman?	=		- 10			
			1						
Date last normal menses	•	Physician estima	-	in weeks)	Post fer	tilization age of the fetus (in weeks)			
	11/07/2017	nad?	6			4			
ULTRASOUND	l age and post fertilization age determi	meu :							
Full name of physician po	erforming termination								
DR. JOHN WILLIAM S	TUTSMAN		_						
	forming termination (number and stre STE 400, INDIANAPOLIS, IN 4620		ip code)						
200 C. MENIDIAN GI.	0. – 700, INDIANAI OLIO, IN 4021								
**Date Reported to Do	CS, if Patient under 14 (month, day	, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A SIDNEY AND LOIS ESKEN	ddress	SPITAL - 720 ESKENAZI AVI	E, INDIANAPOLIS	6, IN, 46202	City or t	own, of pregna	ncy terminatio	n	County of pregnancy termination MARION
D. C. S. S. S. S.			D. C.			T	.·		
Patient's age** 46	Marr	ied ■ Yes □ No	Date of pregn	nancy terminat 12/13/2017	tion	Educa	tion		nelor's Degree
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	☐ Black or ☐ Other	r Afric	an American	Unknown	■ Not	y anic or Latino Hispanic or Latino
Live Births:		Number now living	5				Number now		0
Other Terminations	s:	Number of spontaneou	s terminations				Number of in	duced term	inations 0
Dates of terminations	s (Do 1	not include this termina	tion. If more to	han six (6), th	iose m	ost recent.)	5.		6.
Fetus delivered alive	?	If yes, length of tin		red:				Compli	cation(s) of Pregnancy Termination
☐ Yes ■ N	No						■	None	☐ Uterine Perforation
							п	Hemorrhag	ge Cervical Laceration
Fetus viable? Yes N	No	If viable, medical r	eason for term	nination:				Infection	☐ Retained Products
	NO								_
D.1.1.1.1.	.•	TC 1.						Other (Spe	cify)
Pathological examina performed?	ation	If yes, results:							
■ Yes □ I	No	POC							on of pregnancy result in a maternal death?
							Y	es 🔳 N	0
				Type of	Termi	nation Procedur	res		
Procedure that T-	inota 1	Dragnanay		2.jpc 01	- 211111			arminoto d D	raananay
Procedure that Termi							ocedure that T		
☐ Medical (Nonsu☐ Medical (No							(Nonsurgical) (Nonsurgical)		
		Other (Specify)					(Nonsurgical)		
Medical (Surgice)						☐ Medical	(Surgical) Suc	tion Curetta	nge
☐ Medical (Surgic ☐ Medical (Surgic		enstrual Aspiration her (Specify)					(Surgical) Me (Surgical) Oth		
	., .	(-F 32)					(8)	(-F - 35)	
For Medical (Surgical	al) pro	cedures, answer the fol	lowing question	on.		For Medical ((Surgical) proc	edures, ansv	ver the following question.
` "	, I	ave a post fertilization a	<i>U</i> 1						tilization age at least 20 weeks?
Yes [ive a post fertilization a	ige at least 20	weeks?			Yes No	ve a post fei	tilization age at least 20 weeks:
If the previous questi	ion wa	s answered yes, comple	ete the following	ng questions.		If the previou	s question was	answered y	es, complete the following questions.
Was the fetus giver ☐ Yes ☐		est opportunity to survi	ve?				us given the be Yes No	st opportuni	ity to survive?
What was the basis	for de	termination that the pro-	egnant woman	had a conditi	ion	What was th	ne basis for det	ermination	that the pregnant woman had a condition
		re to avert death or serie							ath or serious impairment to the pregnant
woman :						woman?			
Date last normal mer	ises ha	egan		Physician a	stimat	e of gestation (i	n weeks)	Post fa	ertilization age of the fetus (in weeks)
Date last normal filet		9/23/2017		i nysician e	Junial	11	n weeksj	1 081 10	9
How were the gestati	ional a	ge and post fertilization	n age determin	ied?				,	
L									
Full name of physicis	an per	forming termination							
Address of physician		rming termination (num		t, city, state, a	ınd zip	code)			
. 20 EURENAZI AV		,DIAMAI OLIO, IN	.0202						
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):					_

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr	ress HOSPITAL -	· 720 ESKENAZI A\	VE, INDIANAPOLIS	6, IN, 46202	City or t	town, of pregna	ancy terr			County of pregnar	ncy termination ARION		
26	Iarried	es 🔳 No	Date of pregr	nancy termi 12/20/201		Educa	tion			ciate Degree			
Race American Indian or A Native Hawaiian or C			☐ Asian ■ White	☐ Black		an American	☐ Un	known		nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Numbe	er now living	1				Numb	er now d	eceased	0			
Other Terminations:	Numbe	er of spontaneou	us terminations 0				Numb	er of ind	uced termin				
Dates of terminations (D	Do not incl			than six (6),	, those me	ost recent.)		5.		6.			
Fetus delivered alive?	If y		me fetus surviv	ved:					Complic	ation(s) of Pregnan	cy Termination		
☐ Yes ■ No								■ N	None	☐ Uter	ine Perforation		
								Пі	Hemorrhage	e \square Cerv	ical Laceration		
Fetus viable? ☐ Yes ■ No	If v	viable, medical	reason for term	nination:					nfection	_	ined Products		
Li les 🕒 No										_	ined Products		
									Other (Spec	ify)			
Pathological examination performed?	on If y	yes, results:											
■ Yes □ No	PO	C									ult in a maternal death?		
								☐ Yes	s 🔳 No)			
				Tring	of Tomois	notion Decody	****						
				Type	or remin	nation Procedu							
Procedure that Terminat	ted Pregna	incy				Additional P	rocedure	e that Ter	minated Pr	egnancy			
☐ Medical (Nonsurgio									lifepristone Iisoprostol				
Medical (Nonsurgio									ther (Speci				
Medical (Surgical)	Suction C	Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	e			
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrua	d Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir (Specify)				
iviedicai (Suigicai)	Outer (Sp	recijy)				Wiedical	(Surgic	ai) Ouici	(ъресцу)				
- M 1: 1/6 : 1		4. 6	11 '			For Medical (Surgical) procedures, answer the following question.							
For Medical (Surgical) p							_	_					
Was the fetus viable or ☐ Yes ■ 1		ost fertilization	age at least 20	weeks?			us viabl Yes [a post ferti	ilization age at leas	t 20 weeks?		
If the previous question	was answ	ered yes, comp	lete the followi	ng question	ıs.	If the previous	ıs questi	ion was a	nswered ye	es, complete the following	owing questions.		
Was the fetus given the ☐ Yes ☐ N		ortunity to surv	vive?				us giver Yes [opportunit	y to survive?			
What was the basis for											man had a condition		
that required the proce- woman?	edure to av	ert death or ser	rious impairmer	nt to the pre	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant		
Woman.						woman.							
Date last normal menses	hagan			Dhysician	n actimate	e of gestation (in waak	a)	Post for	rtilization age of the	a fatus (in wooks)		
Date last normal menses	09/14/20	017		1 mysicial	a comman	e or gestation (ii week!	,,	1 051 101	or thinzation age of the	. istas (in weeks)		
How were the gestationa	al age and	post fertilization	on age determin	ned?					•				
LMP													
Full name of physician p	nerformin	g termination											
DR. HUA MENG	periorininį	g termination											
Address of physician per	Ū	,		t, city, state	e, and zip	code)							
720 ESKENAZI AVE. I	F3, INDIA	ANAPOLIS, IN	N 46202										
**Date Reported to D	DCS, if Pa	atient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add	dress	ITAL 700 FOURNIES	E INDIANARO:	City	or town, of pregn	ancy termination	County o	f pregnancy termination
SIDNEY ÁND LOIS ESKENAZ	4 HOSP	IIAL - 720 ESKENAZI AV	E, INDIANAPOLIS	, IN, 46202		NAPOLIS		MARION
Patient's age** 40	Marrie	d • Yes		ancy terminatio 12/21/2017	n Educ:	ation	Bachelor's De	gree
Race American Indian or Native Hawaiian or			Asian White	☐ Black or A	frican American	Unknown	Ethnicity Hispanic or Lati Not Hispanic or	
Live Births:	N	umber now living	2			Number now d	0	
Other Terminations:		umber of spontaneou	1			Number of ind	uced terminations 0	
Dates of terminations (t include this termind				5.		6
Fetus delivered alive?		If yes, length of tir						Pregnancy Termination
							•	Uterine Perforation
Fetus viable?		If viable, medical i	reason for term	ination:			Hemorrhage [Cervical Laceration
☐ Yes ■ No)						infection [Retained Products
Pathological examinati	ion	If yes, results:					Other (Specify)	
performed?		POC						
■ Yes □ No	0	FOC				Did thi		nancy result in a maternal death?
				Type of Te	rmination Procedu	ires		
Procedure that Termina	ated P	regnancy			Additional P	rocedure that Ter	minated Pregnancy	
☐ Medical (Nonsurg ☐ Medical (Nonsurg					☐ Medica	l (Nonsurgical) M l (Nonsurgical) M	Mifepristone Misoprostol	
Medical (Nonsurg	gical)	Other (Specify)				(Nonsurgical)		
Medical (Surgical Medical (Surgical						l (Surgical) Sucti		
Medical (Surgical)						(Surgical) Othe		
					_			
For Medical (Surgical)	_						lures, answer the follo	
Was the fetus viable o ☐ Yes ■		e a post fertilization a	age at least 20	weeks?		tus viable or have Yes	a post fertilization ag	ge at least 20 weeks?
If the previous question	n was	answered yes, comple	ete the following	ng questions.	If the previo	us question was a	nswered yes, complet	te the following questions.
Was the fetus given the Yes ☐		t opportunity to surv	ive?			tus given the best Yes \(\Boxed{\text{No}}\) No	opportunity to surviv	re?
What was the basis for that required the proc								gnant woman had a condition us impairment to the pregnant
woman?			-	- •	woman?	-		
Date last normal mense	es has	an		Physician acti	mate of gestation ((in wooks)	Post fartilization	age of the fetus (in weeks)
	09/	01/2017		-	13	in weeksj	1 OST ICHHIZAHON S	11
How were the gestation LMP	nal age	e and post fertilization	n age determin	ed?				
Full name of physician DR. HUA MENG	perfo	rming termination						
Address of physician p		-		t, city, state, and	zip code)			
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/10/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	ddres of in	SS DIANA (LAFAYETTE) - 964 M	EZZANINE DRIVE,	City or town, of pregnancy termination LAFAYETTE County of pregnancy te TIPPECA					*			
Patient's age**	Mo	rried	Date of pregnancy term	ination	Educa	tion						
24	ıvıal	Yes No	12/20/201						elor's Degree			
Race American Indian Native Hawaiian			Asian Black White Othe	k or African Am	nerican		iknown oer now de	■ Not I	anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number of spontaneou	0 us terminations					iced termin	0 nations			
Other Termination			ation. If more than six (6)	those most rec	ent l		. J. mac		1			
2014	o (D0 	2	*		c111.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				cation(s) of Pregnanc	y Termination				
☐ Yes ■ 1	No						■ N	None	☐ Uterin	ne Perforation		
Estro vi-1-1-0		If	manager for towns:		☐ Hemorrhage ☐ Cervical Lacerati							
Fetus viable? Yes I	ii viable, medical	reason for termination:		☐ Infection ☐ Retained Products								
_					Other (Specify)							
Pathological examin	ation	If yes, results:						(Spec	· W.Z./			
performed?		J,										
☐ Yes ■	NO				Did this termination of pregnancy result in a matern ☐ Yes ■ No							
		•			□ res □ No							
			Туре	of Termination	Procedu	res						
Procedure that Term	inate	d Pregnancy		Add	itional Pi	ocedur	e that Teri	minated Pr	regnancy			
Medical (Nonsu		•						lifepriston	•			
Medical (Nonsu	ırgica	l) Misoprostol			Medical	(Nonsu	rgical) M	Iisoprostol	Į.			
☐ Medical (Nonsu	ırgıca	l) Other (Specify)			iviedical	(1NONSU	irgical) O	ther (Spec	uy)			
		Suction Curettage Menstrual Aspiration						on Curettag				
Medical (Surgio								(Specify)	iutiOii			
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.							
	_	nave a post fertilization				_	_		tilization age at least			
Yes ["		Yes [post 1011				
If the previous quest	ion w	as answered yes, compl	lete the following questio	ns. If the	e previou	is quest	ion was aı	nswered ye	es, complete the follo	wing questions.		
		best opportunity to surv	rive?	Wa				opportunit	ty to survive?			
☐ Yes ☐	No					Yes [No					
			regnant woman had a con ious impairment to the pr						hat the pregnant wom ath or serious impairn			
woman?	Jecui	are to avert death of ser	ious impunment to the pr	-	man?	a are pr	. Seedule U	o a voit uca	or serious impairi	to the pregnant		
1												
Date last normal men		•	Physicia	n estimate of ge		in week:	s)	Post fe	rtilization age of the	fetus (in weeks)		
How were the costat		age and post fertilization	on age determined?		8				6			
ULTRASOUND	ional	ase and post retuinzand	m age determined!									
Full name of physici	an pe	rforming termination										
DR. SARAH JULIA				1 :								
	-	orming termination (num	mber and street, city, stat IS, IN 46268	e, ana zip code)								
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/10/2018

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Facility Name and Ad PLANNED PARENTHOOD LAFAYETTE, IN, 47905	ddres of INC	S IANA (LAFAYETTE) - 964 M	EZZANINE DRIVE,	(City or town, of pregnancy termination LAFAYETTE County of pregnancy termin TIPPECANOR					*			
Dationt's assats			Data of a	anay tar:	otica	P.4	tion						
Patient's age** 18	Mar	ried ☐ Yes ■ No	Date of pregna	ancy termina 12/20/2017		Educa	tion	н	igh Scho	ol Diploma or Gl	ED		
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Africa	n American		known er now d	■ Not I	anic or Latino Hispanic or Latino	Unknown		
Live Births:			0							0			
Other Terminations	s:	Number of spontaneou	s terminations 0				Numb	er of indi	uced termii	nations 0			
Dates of terminations	s (Do	not include this termin				st recent.)							
Fetus delivered alive		If yes, length of tin			4.			5	Complic	cation(s) of Pregnan	cv Termination		
Yes • N		if yes, length of th	me retus survive	eu.				■ N	•	_	ine Perforation		
										_			
Fetus viable?				∐ ŀ	Hemorrhage	e ∐ Cerv	vical Laceration						
☐ Yes ■ N				☐ I	nfection	Reta	ined Products						
					Other (Spec	cify)							
Pathological examina	ation	If yes, results:											
performed? ☐ Yes ■ 1	No							Did this	s terminatio	on of pregnancy res	ult in a maternal death?		
								☐ Yes			art in a maternar deadi.		
				Type of	f Termina	ation Procedu	res						
Procedure that Termi	inated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy			
		•							//////////////////////////////////////	•			
Medical (NonsusMedical (Nonsus	rgical) Misoprostol				Medical	(Nonsu	rgical) M	Iisoprostol				
☐ Medical (Nonsu	rgical) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Spec	ify)			
Medical (Surgic						Medical	(Surgic	al) Sucti	on Curetta	ge			
☐ Medical (Surgice Medical (Surgice Figure)		lenstrual Aspiration ther (Specify)							strual Aspii r (<i>Specif</i> y)	ration			
_													
	•						·a ·			1 0 11 1			
For Medical (Surgica	ıl) pro	cedures, answer the fol	llowing question	n.		For Medical (Surgical) procedures, answer the following question.							
	e or h	ave a post fertilization	age at least 20 v	weeks?		_	us viabl Yes [_	a post fert	ilization age at leas	t 20 weeks?		
			ata tha fallowin	a avastians		_	_	_	m arryama d vya	as assemblate the fol	lovina avestions		
If the previous questi	on wa	as answered yes, compl	ete the followin	ng questions	5.	If the previou	is questi	ion was a	nswerea ye	es, complete the fol	lowing questions.		
Was the fetus given ☐ Yes ☐		est opportunity to surv	ive?				us given Yes [opportunit	y to survive?			
	_	etermination that the pr	eanant woman	had a condi	tion	_	_	_	mination 4	hat the prognant rea	oman had a condition		
that required the pro		re to avert death or seri				that require					rment to the pregnant		
woman?						woman?							
Date last normal men		-		Physician	estimate	of gestation (in weeks	s)	Post fe	rtilization age of th	e fetus (in weeks)		
How were the gestati		NKNOWN age and post fertilization	n age determin	ed?		8				6			
ULTRASOUND	onal i	290 min host termizano	ugo dottiiiiiii										
<u> </u>													
Full name of physicia	an pei	forming termination											
DR. SARAH JULIA	TUR	NER											
	-	orming termination (number of the control of the co		t, city, state,	and zip c	rode)							
JUNE 101	*** K	CAD, INDIANAFOLI	O, 114 40200										
**Date Reported to	o DC	S, if Patient under 14	4 (month day y	vear).									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	ANA (LAFAYETTE) - 964 N						County of pregnancy termination TIPPECANOE				
Patient's age** 38	Marri	ed ■ Yes 🔲 No	Date of pregnancy term 12/20/201		Educa	tion		Bach	elor's Degree		
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ■ White ☐ Other		an American		nknown ber now de	■ Not I	/ anic or Latino Hispanic or Latino		
Live Births:			3					iced termi	0		
Other Termination	ъ.	Number of spontaneo	0			Numi	ber of indu	iced termi	0		
Dates of termination	is (Do n	ot include this termin 2	nation. If more than six (6,), those mo	ost recent.) 4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	cation(s) of Pregnancy Termination		
☐ Yes ■ 1	No						■ N	None	☐ Uterine Perforation		
							- □ H	Iemorrhag	e Cervical Laceration		
Fetus viable? Yes	No	If viable, medical	reason for termination:		☐ Infection ☐ Retained Product:						
								Other (Spec			
Pathological examin	ation	If yes, results:					-	outer (Spec	-497)		
performed?		ii yes, resuits.									
☐ Yes ■	No						Did this		on of pregnancy result in a maternal death?		
			Туре	of Termin	nation Procedu	res					
Procedure that Term	inated I	Pregnancy			Additional Pr	rocedur	e that Terr	minated Pr	regnancy		
Medical (Nonsu								lifepriston			
Medical (NonsuMedical (Nonsu								Iisoprostol ther (<i>Spec</i>			
Medical (Surgio	ral) Sud	ction Curettage			☐ Medical	(Surgic	cal) Suction	on Curetta	ge		
☐ Medical (Surgion)	cal) Me	nstrual Aspiration			☐ Medical	(Surgio	cal) Mens	trual Aspi			
☐ Medical (Surgio	cal) Oth	ner (Specify)			☐ Medical	(Surgio	cal) Other	(Specify)			
For Medical (Surgic	al) proc	edures, answer the fo	ollowing question.		For Medical	(Surgic	al) proced	ures, answ	ver the following question.		
Was the fetus viab		ve a post fertilization	age at least 20 weeks?			us viab Yes [a post fert	tilization age at least 20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the following questio	ns.	If the previou	ıs quest	ion was a	nswered ye	es, complete the following questions.		
Was the fetus give		est opportunity to sur	vive?			us give Yes [opportunit	ty to survive?		
What was the basis	s for det	ermination that the p	regnant woman had a con	dition	What was t	he basis	s for deter	mination t	hat the pregnant woman had a condition		
			rious impairment to the pr						ath or serious impairment to the pregnant		
woman .					woman.						
Date last normal me	nses beg	gan	Physicia	ın estimate	e of gestation (a	in week	s)	Post fe	rtilization age of the fetus (in weeks)		
How were the		/28/2017	on aga datamain s 10		7				5		
How were the gestat ULTRASOUND	лонаі ад	ge and post tertilization	on age determined?								
Full name of physici	_	-									
DR. SARAH JULIA			mber and street, city, stat	e and sin	code)						
8590 GEORGETO	_	-		., ana zip 							
**Data Danartad	ים דורפ	if Dationt under 1	4 (month, day, year):								
•									-		
DATE RECEIVE	7D R A	15DH (month, day,	, year): 01/10/2018						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/10/2018

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Facility Name and A PLANNED PARENTHOOD LAFAYETTE, IN, 47905	ddres of ini	SS DIANA (LAFAYETTE) - 964 M	IEZZANINE DRIVE,	City or town, of pregnancy termination LAFAYETTE					County of pregnance	ey termination		
Patient's age**	Ma	rried	Date of pregnancy term	ination	Educa	tion						
31	Mai	Yes No	12/20/201		Luuca	tion		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian Live Births:			☐ Asian ☐ Blac ■ White ☐ Othe	k or African Ar	merican		iknown oer now do	■ Not I	7 anic or Latino Hispanic or Latino 0	Unknown		
Other Termination	ç•	Number of spontaneou				Numb	per of indu	iced termi	nations			
		not include this termin	0 ation. If more than six (6)), those most re	cent.)				4			
ı. 2012		22014	3. 2015	4. 20 °	16		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	cation(s) of Pregnancy	y Termination		
☐ Yes ■ I	NO						■ N	Vone	☐ Uterin	e Perforation		
Fetus viable?		If viable medical	reason for termination:				☐ H	Iemorrhag	e 🔲 Cervic	al Laceration		
Yes I	No	ii viable, medicai	reason for termination.				☐ Iı	nfection	☐ Retain	ed Products		
							По	Other (Spec	cify)			
Pathological examin	ation	If yes, results:						()	. 327			
performed?												
☐ Yes ■	No						Did this			t in a maternal death?		
		·										
			Type	of Termination	n Procedu	res						
Procedure that Term	inate	l Pregnancy	21				e that Teri	minated Pr	egnanev			
Medical (NonsuMedical (Nonsu	ırgica	l) Misoprostol			Medical	(Nonsu	rgical) M	Iifepriston Iisoprostol	Į.			
Medical (Nonsu	ırgica	l) Other (Specify)			Medical	(Nonsu	ırgical) O	ther (Spec	ify)			
		uction Curettage						on Curetta				
Medical (Surgio		Menstrual Aspiration Other (Specify)					cal) Mens cal) Other	trual Aspi: (Specify)	ration			
Eor Modical (Surgice	o1) pr	ocedures, answer the fo	llowing question		Madical	Curaia	al) pr agad	uros onsu	ver the following ques			
	_					_	_					
Was the fetus viable Yes [nave a post fertilization	age at least 20 weeks?	W	_	us viabl Yes [_	a post fert	tilization age at least 2	20 weeks?		
If the previous quest	ion w	as answered yes, comp	lete the following questio	ns. If th	ne previou	is quest	ion was aı	nswered ve	es, complete the follo	wing questions.		
		best opportunity to surv	• •		•	•		·	ty to survive?			
Yes [rive:	**		Yes [оррогини	ly to survive:			
			regnant woman had a con						hat the pregnant wom			
woman?	oceai	ire to avert death or ser	ious impairment to the pr		at require oman?	u me pr	ocedure to	o aven dea	nth or serious impairn	lent to the pregnant		
Date last normal men	nses t	pegan	Physicia	nn estimate of g	estation (in week:	s)	Post fe	rtilization age of the	fetus (in weeks)		
	1	10/20/2017			8				6	*		
How were the gestat ULTRASOUND	ional	age and post fertilization	on age determined?									
DETRASCOND												
Full name of physici	an ne	rforming termination										
DR. SARAH JULIA	_	-										
	-	-	mber and street, city, stat	e, and zip code)							
8590 GEORGETO	/VN F	ROAD, INDIANAPOL	13, IN 46268									
**D . P	F -		4.4									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day, year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/18/2018

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Facility Name and A PPIN-GEORGETOWN OR		00 GEORGETOWN ROA	D, INDIANAPOLIS,	IN, 46268	City or town, of pregnancy termination County of pregnancy termin INDIANAPOLIS MARION						
Patient's age** 33	Married	Yes No	Date of pregn	ancy termin		Educa	tion	High Scl	nool Diplom	a or GED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black	or African A	american	☐ Unkı		ity spanic or Latin t Hispanic or 1		☐ Unknown
Live Births:	Nu	imber now living	1					r now deceased	0		
Other Termination	Nu Nu	imber of spontaneou					Number	r of induced terr			
Dates of termination			ation. If more ti	han six (6),	those most r	ecent.)					
1. 2008		2011	3	1	4			5	lication(s) of	6	Termination
Fetus delivered alive		If yes, length of ti	me tetus surviv	ea:				■ None		`	Perforation
								Hemorrh	L		al Laceration
Fetus viable?	N.T.	If viable, medical	reason for term	ination:					_		
☐ Yes ■	No					☐ Infection ☐ Retained Products					
D-41-1i1i	If				Other (Sp	ecify)					
Pathological examin performed?	If yes, results:										
☐ Yes ■	No							Did this termina Yes		ancy result	in a maternal death?
	I						I				-
				Туре	of Terminatio	on Procedu	res				
Procedure that Term	ninated Pro	egnancy		• •	Ad	lditional Pr	ocedure t	that Terminated	Pregnancy		
☐ Medical (Nonsu		•						gical) Mifeprist			
Medical (Nonsu Medical (Nonsu Medical (Nonsu	urgical) N	Misoprostol				Medical	(Nonsurg	gical) Misopros	ol		
iviedicai (Nonst	argicai) C	omer (specify)				Medical (Nonsurgical) Other (Specify)					
Medical (SurgionMedical (Surgion		on Curettage strual Aspiration				Medical	(Surgical	 Suction Curet Menstrual As 	piration		
Medical (Surgio						Medical	(Surgical	Other (Specif	v)		
For Medical (Surgic	al) proced	lures, answer the fo	llowing questio	on.	Fo	r Medical ((Surgical)) procedures, an	swer the follo	wing quest	ion.
Was the fetus viab ☐ Yes [a post fertilization	age at least 20	weeks?	1		us viable Yes 🔲	or have a post for No	ertilization ag	e at least 20) weeks?
If the previous quest	tion was a	nswered yes, comp	lete the following	ng question	is. If	the previou	s questio	n was answered	yes, complete	e the follow	ring questions.
Was the fetus give ☐ Yes [opportunity to surv	vive?		1		us given t Yes	the best opportu No	nity to survive	e?	
		mination that the p									nn had a condition
that required the property woman?	rocedure t	to avert death or ser	ious impairmen	nt to the pre	_	hat required woman?	d the prod	cedure to avert of	eath or seriou	ıs impairme	ent to the pregnant
Date last normal me	nses bega	n		Physician	n estimate of	gestation (i	n weeks)	Post	fertilization a	ge of the fo	etus (in weeks)
	10/1	0/2017		_		9				7	
How were the gestat ULTRASOUND	tional age	and post fertilization	on age determin	ed?							
Full name of physici	_	-									
Address of physician			mber and street	t, city, state	, and zip cod	e)					
8590 GEORGETO	WN ROA	D, INDIANAPOL	IS, IN 46268								
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/21/2018

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Facility Name and Addr PPIN-GEORGETOWN OR (PPG	ess ii) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 46268	City or tov		ncy termination		County of pregnancy termination MARION					
19	arried	Date of pregnancy ter 12/29/2		Educat			ol Diploma or GE	D				
Race American Indian or A Native Hawaiian or C		= =	ack or African her	American	Unknown		nic or Latino Hispanic or Latino	☐ Unknown				
Live Births:	Number now living				Number now d		0					
Other Terminations:	Number of spontaneou	as terminations 0			Number of indu	uced termir						
Dates of terminations (D	Oo not include this termin	<u>*</u>	(6), those most	t recent.)	5.		6.					
Fetus delivered alive?	If yes, length of ti		··-			Complic	ration(s) of Pregnanc	y Termination				
☐ Yes ■ No					• N	None	☐ Uterir	ne Perforation				
					г	Hemorrhage	e 🔲 Cervi	cal Laceration				
Fetus viable? Yes No	If viable, medical	reason for termination:				nfection	— Retair	ned Products				
							_	ica i rodacis				
Pathological examination	n If yes, results:					Other (Spec	<i>(1)</i>					
performed?	ii yes, resuits.											
☐ Yes ■ No					Did this ☐ Yes			It in a maternal death?				
	I					,	,					
		Tvi	pe of Termina	tion Procedur	res							
Procedure that Terminat	ad Dragnancy				ocedure that Ter	minated Dr.	agnangy					
	•						•					
☐ Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgio					(Nonsurgical) M (Nonsurgical) M							
☐ Medical (Nonsurgio	cal) Other (Specify)] [Medical	(Nonsurgical) C	Other (Speci	ify)					
Medical (Surgical)			<u> </u>		(Surgical) Sucti							
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Mens (Surgical) Other		ration					
For Medical (Surgical) p	procedures, answer the fo	llowing question.	_I	For Medical (Surgical) procedures, answer the following question.								
	r have a post fertilization						ilization age at least					
☐ Yes ■ 1	No			☐ Y	Yes No	-						
If the previous question	was answered yes, comp	lete the following quest	ions. I	If the previous	s question was a	nswered ye	es, complete the follo	owing questions.				
Was the fetus given the	e best opportunity to surv No	ive?			is given the best Yes No	opportunit	y to survive?					
	determination that the pr						nat the pregnant won					
that required the proce- woman?	dure to avert death or ser	ious impairment to the	pregnant	woman?	the procedure t	o avert dea	th or serious impairr	nent to the pregnant				
Date last normal menses	s began	Physic	cian estimate o	of gestation (ii	n weeks)	Post fer	rtilization age of the	fetus (in weeks)				
	10/15/2017			12	,		10					
How were the gestational ULTRASOUND	al age and post fertilization	n age determined?										
OLINASOUND												
Full name of physician p	-											
Address of physician per	SER rforming termination (nu	mher and street city st	ate and zin o	nde)								
200 S. MERIDIAN ST,	=		ыс, ини zip СС	nic)								
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year): _					_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST	16TH STREET SUITE B2, II	NDIANAPOLIS, IN	46222	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
Datie : t' - ***	I .	Т	Date of	· · ·	.ei	F-1	tion					
Patient's age** 25	Marri	ed □ Yes ■ No	Date of pregr	12/07/2017	ntion	Educat	tion	_	2th, No Diploma			
Race American Indian Native Hawaiian			Asian White	Black of Other	r Africa	an American	Unknown	■ Not	y anic or Latino Hispanic or Latino	Unknown		
Live Births:	1	Number now living	3				Number now	deceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations				Number of in	duced term	inations 0			
Dates of termination	is (Do n	ot include this termina	ution. If more t	than six (6), th	hose mo	ost recent.)						
1			3			4	5		cation(s) of Pregnan	cy Termination		
Fetus delivered alive		If yes, length of tir	ne tetus surviv	ed:				None	_	ine Perforation		
Fetus viable?		If viable, medical i	reason for term	nination:				Hemorrhag	_	ical Laceration		
Yes •	No							Infection	∐ Reta	ined Products		
						Other (Specify)						
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	SAC, CHORIONI	C VILLI, & F	ETAL PART	ΓS					ult in a maternal death?		
							<u> Y</u>	es 🔳 N	10			
				Т	т							
		_		Type of	Termin	nation Procedur						
Procedure that Term	inated l	Pregnancy				Additional Pr	ocedure that To	erminated P	regnancy			
Medical (Nonsu Medical (Nonsu							(Nonsurgical) (Nonsurgical)					
		Other (Specify)					(Nonsurgical)					
Medical (Surgio							(Surgical) Suc					
Medical (Surgio		enstrual Aspiration ner (Specify)					(Surgical) Me (Surgical) Oth					
For Medical (Surgic	al) proc	edures, answer the fol	lowing questic	 on.		For Medical (Surgical) proce	edures, ansv	ver the following qu	estion.		
, ,		ve a post fertilization	0 1						tilization age at leas			
Yes [ve a post fortimeation (age at least 20	weeks.			res No	e a post rer	inzuron age at reas	t 20 Weeks.		
If the previous quest	tion was	answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered y	es, complete the fol	lowing questions.		
		est opportunity to surv	ive?				us given the be	st opportuni	ity to survive?			
	☐ No					_	Yes □ No					
		termination that the pr e to avert death or seri								man had a condition rment to the pregnant		
woman?						woman?						
Date last normal me		gan IKNOWN		Physician e	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	· · · · · ·		
How were the gestat		ge and post fertilization	n age determin	l ned?		13			- ''			
SONOGRAM												
Full name of physici		orming termination										
Address of physician	n perfor	ming termination (nun	nber and stree	t, city, state, c	and zip	code)						
3607 WEST 16TH	STREE	ET, INDIANAPOLIS,	IN 46222									
**Date Reported t	to DCS	, if Patient under 14	(month, day,	year):					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222							ncy termination		County of pregnancy termination MARION
Datiant? 44			Data -f			Tr. 1	tion		
30	Marrie [d Yes • No		ancy termination 12/07/2017	on	Educat			ool Diploma or GED
Race American Indian o Native Hawaiian o	r Othe	r Pacific Islander	Asian White	■ Black or . □ Other	Africar	n American	Unknown	■ Not I	y anic or Latino Hispanic or Latino
Live Births:	N	umber now living	1				Number now d		0
Other Terminations:	: N	umber of spontaneous	s terminations 0				Number of ind	uced termi	nations 1
Dates of terminations 1. 11/19/2016		t include this termina	tion. If more t	han six (6), tho	ose mos	t recent.)	5		6
Fetus delivered alive?		If yes, length of tim		ed:				Compli	cation(s) of Pregnancy Termination
☐ Yes ■ No	0						1	None	☐ Uterine Perforation
								Hemorrhag	e Cervical Laceration
Fetus viable? Yes No	0	If viable, medical re	eason for term	ination:				nfection	☐ Retained Products
	0								
Pathological examination If yes, results:									
performed?	ion								
■ Yes No SAC & CHORIONIC VILLI Did this termination of pregnancy result in a maternal death?									
				Type of T	ermina	ntion Procedur	res		
Procedure that Termin	nated P	regnancy		••			ocedure that Ter	minated P	regnancy
						_			
☐ Medical (Nonsurg	gical)	Misoprostol				☐ Medical	(Nonsurgical) N (Nonsurgical) N	/lisoprosto	1
Medical (Nonsurg	gical)	Other (Specify)				☐ Medical	(Nonsurgical) (Other (Spec	rify)
Medical (Surgical							(Surgical) Sucti		
Medical (Surgical Medical (Surgical						 Medical Medical	(Surgical) Mens (Surgical) Othe	strual Aspi r (<i>Specif</i> y)	ration
For Medical (Surgical)) proce	dures, answer the foll	owing question	on.		For Medical (Surgical) proced	lures, answ	ver the following question.
		e a post fertilization a	ge at least 20	weeks?				a post fer	tilization age at least 20 weeks?
Yes If the previous question		answered ves comple	ete the followi	ng questions			Yes No	nswered v	es, complete the following questions.
		et opportunity to survi		o questions.			us given the best	•	
☐ Yes ☐		•					Yes No		
		ermination that the pre to avert death or serio							hat the pregnant woman had a condition ath or serious impairment to the pregnant
woman?	ceaure	to avert death or send	ous impairmer	it to the pregna	nt	woman?	a the procedure t	o avert dea	ath or serious impairment to the pregnant
Date last normal mens	ses beg	an		Physician est	timate (of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)
	10/	10/2017		-		8			6
How were the gestation	onal ago	e and post fertilization	age determin	ed?					
Joneshall									
Full name of physician		rming termination							
Address of physician p	perforn	-		t, city, state, an	d zip c	ode)			
3607 WEST 16TH S	IKEE	I, INDIANAPOLIS,	IN 46222						
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):					_

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add CLINIC FOR WOMEN - 3607	46222 City	City or town, of pregnancy termination INDIANAPOLIS			l	County of pregnancy termination MARION				
Patient's age**	N. f.	<u>.</u>	Date of prece	ancy termination	on .	Educa	tion			
30	Marrie [d ☐ Yes ■ No		12/07/2017	лі	Educa	.uon	Bach	nelor's Degree	
Race American Indian of Native Hawaiian of	r Othe	r Pacific Islander	Asian White	■ Black or A	African A	American	Unknown	■ Not	y anic or Latino Hispanic or Latino	
Live Births:		umber now living	2				Number now		0	
Other Terminations:	N	umber of spontaneous	s terminations 0				Number of in	duced termi	inations 0	
Dates of terminations (han six (6), tho	se most r	ecent.)				
Fetus delivered alive?		If yes, length of tim	3	ead:	4		5	Compli	cation(s) of Pregnancy Termination	
Yes No		ii yes, lengui oi tili	ie ietus suiviv	cu.				None	☐ Uterine Perforation	
									_	
Fetus viable?		If viable, medical re	eason for term	nination:				Hemorrhag		
Yes No)							Infection	Retained Products	
Other (Specify)										
Pathological examination performed?										
■ Yes No SAC & CHORIONIC VILLIL Did this termination of pregnancy result in a maternal death?										
								es 🔳 N	0	
				Type of To	erminatio	on Procedu	res			
Procedure that Termin	ated P	regnancy			Ad	dditional Pr	rocedure that Te	rminated P	regnancy	
Medical (Nonsurg							(Nonsurgical)			
☐ Medical (Nonsurg						Medical Medical	(Nonsurgical) (Nonsurgical)	Misoprosto Other (<i>Spec</i>	rify)	
Medical (Surgical)	l) Suc	tion Curettage			- -	l Medical	(Surgical) Suc	tion Curetta	nge	
Medical (Surgical Medical (Surgical	l) Mer	strual Aspiration] Medical	(Surgical) Mer (Surgical) Other	ıstrual Aspi	iration	
- Medicar (Burgicar	i) Our	ci (specify)] Wedlear	(Surgicur) Our	ы (вресцу)		
- M 1: 1/G : 1)		1 4 6 11	•		_ _	N 11 1 1	(G ' 1)	1	4 6 11 2	
For Medical (Surgical)	. 1	•	<i>U</i> 1						ver the following question.	
Was the fetus viable ☐ Yes ■		e a post fertilization a	ge at least 20	weeks?	\		us viable or hav Yes 🔲 No	e a post fer	tilization age at least 20 weeks?	
If the previous questio	n was	answered yes, comple	ete the following	ng questions.	If	the previou	is question was	answered y	es, complete the following questions.	
		st opportunity to survi	ve?		,		us given the bes	t opportuni	ty to survive?	
☐ Yes ☐						_	Yes No			
		ermination that the pre to avert death or serio							that the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?			T	19		woman?	7		r r Io	
Date last normal mens	_			Physician est	imate of	-	in weeks)	Post fe	ertilization age of the fetus (in weeks)	
How were the gestation		24/2017 e and post fertilization	age determin	ed?		6			4	
SONOGRAM	.iui agi	and post rerunzation	. 450 00101111111							
Full name of physician		rming termination								
Address of physician p	perforn	-		t, city, state, and	d zip cod	le)				
3607 WEST 16TH ST	IKEE	i , INDIANAPULIS,	114 40222							
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A CLINIC FOR WOMEN - 360	ddress 7 WEST	16TH STREET SUITE B2, II	NDIANAPOLIS, IN 46222	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
Patient's age** 18	Marrio	ed □ Yes ■ No	Date of pregnancy term 12/07/201		Educat	tion	9th-12	th, No Diploma			
Race American Indian Native Hawaiian			☐ Asian ☐ Blac ☐ White ■ Othe	k or Africar	n American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Sumber now living	0			Number now o		0			
Other Termination	s: N	Number of spontaneou				Number of ind	uced termi				
Dates of termination	s (Do n	ot include this termin	ation. If more than six (6)), those mos	t recent.)						
Fetus delivered alive	. 0	If yes, length of tin	3	4.		5	Compli	cation(s) of Pregnance	ry Termination		
Yes I		ii yes, iengin oi iii	ne retus survived:				•	_	ne Perforation		
						_		_			
Fetus viable?		If viable, medical	reason for termination:				Hemorrhag	_	cal Laceration		
☐ Yes ■ I	No						Infection		ned Products		
D 1 1 1 1 1		70			⊔ '	Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:									
■ Yes □	No	SAC & CHORIO	NIC VILLI			Did thi ☐ Ye			alt in a maternal death?		
			Туре	of Termina	tion Procedur	res					
Procedure that Term	inated F	Pregnancy			Additional Pr	ocedure that Ter	minated P	regnancy			
☐ Medical (Nonsu						(Nonsurgical) N					
Medical (Nonsu Medical (Nonsu						(Nonsurgical) (Nonsurgical) (
Medical (Surgional Control cal) Suc	ction Curettage			☐ Medical	(Surgical) Suct	ion Curetta	ıge				
	cal) Me	nstrual Aspiration			Medical	(Surgical) Men (Surgical) Othe	strual Aspi	ration			
Wedlear (Surgic	zar) Ou	ісі (Бресіду)			iviculear	(Surgicar) Outc	т (вресцу)				
For Medical (Surgical	al) proc	edures, answer the fol	lowing question		For Medical ((Surgical) procedures, answer the following question.					
Was the fetus viable	le or hav	,	age at least 20 weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [_		-4- 4b - 6-11i		_	Yes □ No		1-4- 4h - f-11			
		st opportunity to surv	ete the following questio	ons.	•	s question was a	•	es, complete the follo	owing questions.		
Yes [st opportunity to surv	ive:			res No	opportuiii	ty to survive:			
			regnant woman had a con					hat the pregnant wor			
woman?	roceaure	e to avert death or seri	ous impairment to the pr	egnant	woman?	a the procedure	to avert dea	ath or serious impair	ment to the pregnant		
Date last normal men	-	gan /15/2017	Physicia	an estimate	of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat		ge and post fertilization	n age determined?		•			<u> </u>			
SONOGRAM											
Ell 21 :											
Full name of physici KATHLEEN GLO		orming termination									
	-	-	nber and street, city, stat	te, and zip c	ode)						
3607 WEST 16TH	SIREE	I, INDIANAPOLIS	, IN 46222								
**Date Reported t	to DCS	, if Patient under 14	4 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	year): 01/28/2018					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Add		TH STREET SHITE D2 III	NDIANAPOLIS IN	City or		ancy termination	County of pregnancy termination			
OFIGIO LOW MOINIEM - 3001, M	,_J 16	SIREET SUITE B2, IP	IDIANAFULIS, IN	77222	INDIA	NAPOLIS	MARION			
Patient's age** 25	//arried	l Yes ■ No		ancy termination	Educa		igh School Diploma or GED			
Race American Indian or Native Hawaiian or	Other	Pacific Islander	Asian White	■ Black or Afri □ Other	can American	☐ Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino Unknown	n		
Live Births:		ımber now living	1			Number now de	0			
Other Terminations:		ımber of spontaneou	0			Number of indu	aced terminations 0			
Dates of terminations ()		t include this termind				5	6			
Fetus delivered alive? Yes No		If yes, length of tir			*-	■ N	Complication(s) of Pregnancy Termination	_		
Fetus viable? ☐ Yes ■ No		If viable, medical r	reason for term	ination:		_	Temorrhage			
							Other (Specify)			
Pathological examination performed?	on	If yes, results:								
■ Yes □ No)	SAC & CHORION	NIC VILLI			Did this ☐ Yes	termination of pregnancy result in a maternal de No	eath?		
				Type of Term	ination Procedu	res				
Procedure that Termina	ited Pr	egnancy			Additional P	rocedure that Terr	minated Pregnancy			
☐ Medical (Nonsurgi	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Medical (Surgical) Medical (Surgical)) Men	strual Aspiration			☐ Medical	(Surgical) Suction (Surgical) Mensical (Surgical) Other	trual Aspiration			
For Medical (Surgical)	proced	lures, answer the fol	lowing question	n.	For Medical	(Surgical) proced	ures, answer the following question.			
Was the fetus viable o		e a post fertilization a	age at least 20	weeks?		us viable or have Yes	a post fertilization age at least 20 weeks?			
If the previous question		nswered yes, comple	ete the following	ng questions.		_	nswered yes, complete the following questions.			
Was the fetus given th ☐ Yes ☐		opportunity to survi	ive?			us given the best Yes \(\Boxed{\square}\) No	opportunity to survive?			
What was the basis fo that required the proce woman?							mination that the pregnant woman had a condition avert death or serious impairment to the pregnation			
Date last normal mense	es bega	ın		Physician estima	te of gestation (in weeks)	Post fertilization age of the fetus (in weeks)			
	10/2	20/2017	*	_	7		5			
How were the gestation SONOGRAM	ial age	and post fertilization	n age determin	ea?						
Full name of physician	perfor	ming termination								
KATHLEEN GLOVE Address of physician pe	R		nber and street	t, city, state, and zi	p code)					
3607 WEST 16TH ST		-			•					
**Date Reported to I	DCS,	if Patient under 14	(month, day,	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Ad CLINIC FOR WOMEN - 3607	46222 City	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
Dationt's . **			Data - C	amariti :		17.1	tion		
30	Marrie	Yes No		ancy termination 12/07/2017	on	Educa			ool Diploma or GED
Race American Indian o Native Hawaiian o	r Othe	r Pacific Islander	Asian White	■ Black or A □ Other	African Ar	nerican	Unknown	■ Not	y anic or Latino Hispanic or Latino
Live Births:		umber now living	1				Number now		0
Other Terminations:	: N	umber of spontaneous	s terminations 0				Number of in	duced term	inations 1
Dates of terminations 1. 09/16/2006		ot include this termina	tion. If more t	han six (6), thos	se most re	cent.)	5.		6
Fetus delivered alive?		If yes, length of tim		ed:				Compli	cation(s) of Pregnancy Termination
Yes N	0						■	None	☐ Uterine Perforation
								Hemorrhag	ge
Fetus viable? Yes No.	0	If viable, medical re	eason for term	ination:				Infection	Retained Products
								Other (Spe	_
Pathological examinat	tion	If yes, results:						Other (Spe	сіју)
performed?									
■ Yes No SAC & CHORIONIC VILLI Did this termination of pregnancy result in a maternal death?									
				Type of Te	ermination	n Procedu	res		
Procedure that Termin	nated P	regnancy		• 1			rocedure that To	erminated D	regnancy
		•			Auc				
☐ Medical (Nonsur	gical)	Misoprostol			ᅵ님	Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	ıl
Medical (Nonsur	gical)	Other (Specify)				Medical	(Nonsurgical)	Other (Spec	cify)
Medical (Surgica					_ _		(Surgical) Suc		
Medical (Surgica Medical (Surgica					ᅵ吕	Medical Medical	(Surgical) Me (Surgical) Oth	nstrual Aspi er (<i>Specify)</i>	iration
For Medical (Surgical) proce	edures, answer the foll	owing question	on.	For	Medical	(Surgical) proc	edures, ansv	ver the following question.
		e a post fertilization a	ge at least 20	weeks?	w			ve a post fer	tilization age at least 20 weeks?
Yes If the previous question	-	answered ves comple	ete the followi	ng questions	If th	_	Yes No	answered v	res, complete the following questions.
		st opportunity to survi		₅ 440500113.		•	us given the be	·	
☐ Yes ☐		11 7					Yes No	.1	-
		ermination that the pre to avert death or serio							that the pregnant woman had a condition ath or serious impairment to the pregnant
woman?	cedure	to avert death or serio	ous impairmer	it to the pregnar		at require oman?	a the procedure	to avert de	ath or serious impairment to the pregnant
Date last normal mens	ses beg	an		Physician esti	imate of g	estation (in weeks)	Post fe	ertilization age of the fetus (in weeks)
II		20/2017		- 10		7			5
How were the gestation	onai ag	e and post fertilization	age determin	ed?					
Full name of physician		rming termination							
Address of physician	perforn	-		t, city, state, and	d zip code)			
3607 WEST 16TH S	IKEE	i, INDIANAPOLIS,	114 40222						
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	ddress 7 west	16TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
Patient's age** 19	Marri	ed □ Yes ■ No	Date of pregnancy term 12/07/20		Educat			ool Diploma or GE	D		
Race American Indian Native Hawaiian			☐ Asian ■ Blac ☐ White ☐ Othe	k or African	n American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Sumber now living	0	-		Number now d		0			
Other Termination	s: N	Number of spontaneou				Number of ind	uced termi				
Dates of termination	s (Do n		ation. If more than six (6)								
Fetus delivered alive	.?	If yes, length of tin	me fetus survived:	4		5	Complie	cation(s) of Pregnanc	ry Termination		
☐ Yes ■		y, g				1	None	☐ Uteri	ne Perforation		
						I	Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable? Yes	No	If viable, medical	reason for termination:				nfection	☐ Retai	ned Products		
						Other (Spec	cify)				
Pathological examin	ation	If yes, results:									
performed? Yes	No	SAC, CHORION	IC VILLI, & FETAL PA		Did this	s terminati	on of pregnancy resu	It in a maternal death?			
						☐ Yes					
			Туре		tion Procedur						
Procedure that Term	inated I	Pregnancy			Additional Pr	ocedure that Ter	minated Pr	regnancy			
Medical (Nonsu Medical (Nonsu						(Nonsurgical) N (Nonsurgical) N					
Medical (Nonsu					☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgion Medica		ction Curettage				(Surgical) Sucti (Surgical) Mens					
Medical (Surgio	cal) Oth	ner (Specify)				(Surgical) Other					
For Medical (Surgice	al) proc	edures, answer the fol	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab		ve a post fertilization	age at least 20 weeks?			us viable or have Yes 🔲 No	a post fer	tilization age at least	20 weeks?		
If the previous quest	ion was	answered yes, compl	lete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.		
		st opportunity to surv	ive?			us given the best	opportuni	ty to survive?			
	☐ No				_	res 🗌 No					
that required the pr			regnant woman had a con ious impairment to the pr		that required			hat the pregnant wor ath or serious impair			
woman?					woman?						
Details 1	1				-£		n in		fator (in 1)		
Date last normal me		gan 0/2017	Physicia	an estimate (of gestation (i	n weeks)	Post fe	ertilization age of the	ieius (in weeks)		
_	ional ag	ge and post fertilization	n age determined?				•				
SONOGRAM											
Full name of physici	ian perfe	orming termination									
KATHLEEN GLO											
	-	ming termination (nun T, INDIANAPOLIS	mber and street, city, stat , IN 46222	e, and zip co	vae)						
**D : 5	P.00	·CD	A /								
•			4 (month, day, year):					_			
DATE RECEIVE	ED BY	ISDH (month, day,	<i>year</i>): 01/28/2018					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addi				City or	town, of pregna	ancy termination	County of pregnar	ncy termination			
CLINIC FÓR WOMEN - 3607 W	IEST 16	IH SIREET SUITE B2, II	NDIANAPOLIS, IN	46222	INDIA	NAPOLIS	M	ARION			
Patient's age** M	Iarried	l Yes • No		ancy termination	Educa	ntion	Bachelor's Degree				
Race American Indian or Native Hawaiian or			Asian White	☐ Black or Afri	can American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino	☐ Unknown			
Live Births:	Νι	mber now living	0			Number now do	0				
Other Terminations:		imber of spontaneou	0			Number of indu	ced terminations 0				
Dates of terminations (I		include this termina				5	6				
Fetus delivered alive? Yes No		If yes, length of tir			*		Complication(s) of Pregnan	cy Termination ine Perforation			
						D	emorrhage	rical Laceration			
Fetus viable? Yes No		If viable, medical i	eason for term	ination:		Iı	fection	ined Products			
							ther (Specify)				
	Pathological examination performed? If yes, results:										
performed? • Yes No		SAC & CHORION	NIC VILLI			Did this	termination of pregnancy res	ult in a maternal death?			
Type of Termination Procedures											
Procedure that Terminal	ted Pr	egnancy		Type of Term			ninated Pregnancy				
☐ Medical (Nonsurgi		•				(Nonsurgical) M					
Medical (Nonsurgion Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medic	cal) N	Misoprostol				(Nonsurgical) M (Nonsurgical) O	isoprostol				
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Men	strual Aspiration			☐ Medical	(Surgical) Suction (Surgical) Mens (Surgical) Other	rual Aspiration				
For Medical (Surgical) J	proced	lures, answer the fol	lowing questic	n.	For Medical	(Surgical) proced	ures, answer the following qu	estion.			
Was the fetus viable o		e a post fertilization	age at least 20	weeks?		us viable or have Yes No	a post fertilization age at leas	t 20 weeks?			
If the previous question	was a	nswered yes, compl	ete the following	ng questions.	If the previou	us question was a	swered yes, complete the following	lowing questions.			
Was the fetus given th ☐ Yes ☐ 1		opportunity to surv	ive?			us given the best Yes No	opportunity to survive?				
What was the basis for that required the process woman?							mination that the pregnant wo o avert death or serious impair				
Date last normal menses	s hear	n		Physician estima	te of gestation (in weeks)	Post fertilization age of the	e fetus (in wooks)			
	10/2	2/2017		-	6	in weeks)	Post fertilization age of the	c icius (in weeks)			
How were the gestations SONOGRAM	al age	and post fertilization	n age determin	ed?							
Full name of physician	nerfor	ming termination									
KATHLEEN GLOVE Address of physician pe	R		nher and stree	t. city. state, and vi	n code)						
3607 WEST 16TH STI		-		, erry, state, and z_i	, couc _j						
**Date Reported to I	OCS,	if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Addre CLINIC FOR WOMEN - 3607 WES	City o:	City or town, of pregnancy termination INDIANAPOLIS						cy termina	ation			
1 m. 1 m. 1			D : 0		T							
32	rried Yes	■ No		ancy termination 2/07/2017	Educa	tion	Г		elor's Degr	ee		
Race American Indian or A Native Hawaiian or O	ther Pacific	Islander	Asian White	☐ Black or Afri	ican American		ıknown	■ Not H	nic or Latino Iispanic or L		t	Jnknown
Live Births:	Number n	ow living	1			Numb	per now de	eceased	0			
Other Terminations:	Number o	f spontaneou	s terminations			Numb	per of indu	iced termin				
Dates of terminations (Da	not include	e this termina	ution. If more th	an six (6), those r	nost recent.)				U			
1	2		3		4		5			6		
Fetus delivered alive? Yes No	If yes,	, length of tir	ne fetus survive	:d:				Complic	ation(s) of P	regnanc	y Termin	ation
☐ 1 <i>c</i> 2							■ N	Ione		Uterin	e Perfora	tion
Estus vickla?	T£1: 1	blo modi1	mason for to	nation:			□н	Iemorrhage	· 🗆	Cervio	cal Lacera	ation
Fetus viable? If viable, medical reason for termination: ☐ Yes ■ No ☐										Retain	ned Produ	icts
Pathological avamination	If you	reculte:					" "	other (Spec	<i>99)</i>			
Pathological examination performed?												
■ Yes □ No	SAC	& CHORIOI	NIC VILLI					Did this termination of pregnancy result in a maternal death? Yes No				
									,			
				Tyme -f.T	nination D 1	ros						
				Type of Tern	nination Procedu							
Procedure that Terminate	d Pregnancy	у			Additional Pr	ocedure	e that Terr	ninated Pro	egnancy			
Medical (Nonsurgical								lifepristone	e			
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica								lisoprostol ther (<i>Speci</i>	fy)			
		•										
- W. P. 1/0	D(' C	-44-				(C ·	-1) C :	C				
Medical (Surgical)Medical (Surgical)	Menstrual A	spiration			☐ Medical	(Surgic	al) Mensi	on Curettag trual Aspir	ge ation			
Medical (Surgical)							cal) Other					
For Medical (Surgical) pr	ocedures, ar	nswer the fol	lowing question	1.	For Medical	Surgica	al) procedi	ures, answ	er the follow	ing ques	stion.	
Was the fetus viable or					Was the fet	us viabl	le or have	a post ferti	lization age	at least	20 weeks	,
Yes N		151 GIII ZUU OII	.50 at 10ast 20 V	. comp.		Yes [a post totti	zution age	at roust.	_o weeks	•
If the previous question w	vas answere	d yes, compl	ete the followin	g questions.	If the previou	s questi	ion was ar	nswered ye	s, complete	the follo	wing que	estions.
Was the fetus given the	best opport	unity to surv	ive?		Was the fet	us giver	n the best	opportunit	y to survive	,		
Yes N		.,				Yes [rr	,			
What was the basis for o									at the pregn			
that required the proced woman?	lure to avert	death or seri	ous impairment	to the pregnant	that require woman?	d the pr	ocedure to	o avert dea	th or serious	impairn	nent to th	e pregnant
Details :	L			Diamin	-t£		-1	D . 1	4:1:	0 -1	£-+ /:	
Date last normal menses	began 11/19/2017	7		Physician estima	ate of gestation (i	n weeks	s)	Post fer	tilization ag	e of the	tetus (in	weeks)
How were the gestational			n age determine	:d?	<u> </u>					•		
SONOGRAM												
Full name of physician pe	_	ermination										
Address of physician perf		nination (nu	nher and street	city state and a	in code)							
3607 WEST 16TH STR	U	,		ony, nunc, unu 2	r couc)							
**Date Reported to DO	CS, if Patie	ent under 14	(month, day, y	ear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A CLINIC FOR WOMEN - 360	46222 C	ty or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION				
Patient's age** 39	Marrie	d Yes • No	Date of pregna	ancy termina 12/07/2017	tion	Educat	tion		nelor's Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black or	r African Am	erican	Unknov		y anic or Latino Hispanic or Latino	
Live Births:	N	umber now living	1					ow deceased	0	
Other Termination	ns: N	umber of spontaneou					Number o	f induced termi		
Dates of termination	ns (Do no		ation. If more th			ent.)		5	6	
Fetus delivered alive	e?	If yes, length of ti			"				cation(s) of Pregnancy Termination	
☐ Yes ■	No							None	☐ Uterine Perforation	
								☐ Hemorrhag	ge Cervical Laceration	
Fetus viable? Yes	No	If viable, medical	reason for termi	ination:			l r	Infection	☐ Retained Products	
							-	Other (Spec	_	
Pathological examin	If yes, results:				- Suite (speetify)					
performed?	SAC & CHORIO	NIC VII I I								
■ Yes □				Die	d this terminati Yes 🔳 N	on of pregnancy result in a maternal death?				
		•					l.			
				Type of	Termination	Procedur	es			
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy									regnancy	
☐ Medical (Nonst								al) Mifepriston		
Medical (Nonsu Medical (Nonsu								al) Misoprosto al) Other (Spec		
_ `	,	1 327					` "	, · · · ·	4 27	
Madian (Com	1) C4	: C			_	M-4:1	(Ci1)	C		
	cal) Mer	strual Aspiration				Medical	(Surgical)	Suction Curetta Menstrual Aspi	ration	
Medical (Surgio	cal) Oth	er (Specify)				Medical	(Surgical)	Other (Specify)		
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	n.	For N	Medical (Surgical) pr	rocedures, answ	ver the following question.	
Was the fetus viab		e a post fertilization	age at least 20 v	weeks?	Wa		ıs viable or ∕es □ N		tilization age at least 20 weeks?	
If the previous quest	tion was	answered yes, comp	lete the followin	ng questions.	If the	e previou	s question v	was answered y	es, complete the following questions.	
Was the fetus give ☐ Yes [t opportunity to surv	rive?		Wa		ıs given the ∕es □ N	best opportuni Io	ty to survive?	
		rmination that the pr							hat the pregnant woman had a condition	
that required the property woman?	rocedure	to avert death or ser	ious impairment	t to the pregn		t required man?	d the proced	lure to avert dea	ath or serious impairment to the pregnant	
Date last normal me	nses hea	an	T	Physician e	estimate of ge	station (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)	
	10/	17/2017		-	_	6		1 550 10	4	
How were the gestat	How were the gestational age and post fertilization age determined?									
Full name of physics	_	rming termination								
Address of physician 3607 WEST 16TH	_	-		, city, state, a	und zip code)					
300. WEST 101H	JINEE	, IIIDIAIIAI OLIS	, 70222							
**Date Reported	**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A CLINIC FOR WOMEN - 366		6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or	town, of pregna	ncy termination	l	County of pregnancy termination MARION		
Patient's age** 27	Marrie	d ■ Yes □ No	Date of pregnancy to 12/07/		Educat	tion		nelor's Degree		
Race American Indian Native Hawaiian			= =	lack or Afric	can American	Unknown		y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living				Number now		0		
Other Termination	ns: N	umber of spontaneou	s terminations			Number of inc	duced termi	nations 0		
Dates of termination	ns (Do no	ot include this termin	ation. If more than six	: (6), those n	ost recent.)	5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■	NO					■	None	☐ Uterine Perforation		
Fetus viable?		If viable, medical	reason for termination	1:			Hemorrhag	e Cervical Laceration		
☐ Yes ■	No	, , , , , , , , , , , , , , , , , , , ,					Infection	☐ Retained Products		
							Other (Spe	cify)		
Pathological examin	nation	If yes, results:								
■ Yes □	No	SAC & CHORIO	NIC VILLI					on of pregnancy result in a maternal death?		
						☐ Ye	es 🔳 N	0		
			Т	ype of Term	ination Procedur	res				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonst	urgical)	Mifepristone			☐ Medical	(Nonsurgical)	Mifepristor	ie		
Medical (Nonsu	urgical)	Misoprostol				(Nonsurgical) (Nonsurgical)	Misoprosto	1		
		(- <i>p g</i>) /				(- · · · · · · · · · · · · · · · · · · ·	(~ <i>p</i> · ·	<i>977</i>		
Medical (Surgional Control cal) Suc	tion Curettage			Medical	(Surgical) Suct	tion Curetts	ore .			
☐ Medical (Surgio	cal) Mer	strual Aspiration			■ Medical	(Surgical) Mer (Surgical) Other	ıstrual Aspi	ration		
Medical (Surgio	cal) Otn	er (Specify)			Medical	(Surgical) Oth	er (Specify)			
	-1)	.1	II		EM-di1	(Ci1)	4			
	_	edures, answer the fo			For Medical (Surgical) procedures, answer the following question.					
	le or hav No	e a post fertilization	age at least 20 weeks	!	Was the fett		e a post fer	tilization age at least 20 weeks?		
If the previous quest	tion was	answered yes, compl	ete the following que	stions.	If the previou	s question was	answered y	es, complete the following questions.		
Was the fetus give		st opportunity to surv	ive?			us given the bes Yes \(\Boxed{\text{No}}\) No	t opportuni	ty to survive?		
			regnant woman had a lous impairment to the					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	roccaare	10 u / 01 u u u u u u u u u u u u u u u u u u	ous impumont to un	, bregum	woman?	a me procedure	to a vert de	and of solious impulliness to the programs		
Date last normal me	_	an 28/2017	Phys	ician estima	te of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 5		
How were the gestat			n age determined?				1			
CONCORAM										
Full name of physics	_	rming termination								
Address of physician	n perforn	-	mber and street, city,	state, and zij	p code)					
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222							
**Date Reported	to DCS,	if Patient under 1	4 (month, day, year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and AdcLINIC FOR WOMEN - 3607	46222 City	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION				
.		T	D : 0			T = -				
35	Marrie [d Yes • No		ancy termination 12/07/2017	on	Educa			ool Diploma or GED	
Race American Indian o Native Hawaiian o	r Othe	r Pacific Islander	Asian White	☐ Black or A ☐ Other	African An	nerican	Unknown	☐ Not I	y anic or Latino Hispanic or Latino	
Live Births:	N	umber now living	5				Number now o		0	
Other Terminations:	: N	umber of spontaneous	s terminations				Number of ind	luced termi	nations 0	
Dates of terminations 1. UNKNOWN	(Do no	t include this termina	tion. If more to	han six (6), thos	se most red	cent.)	5		6	
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ed:				Compli	cation(s) of Pregnancy Termination	
☐ Yes ■ No	0						■ 1	None	☐ Uterine Perforation	
								Hemorrhag	e Cervical Laceration	
Fetus viable? Yes No	0	If viable, medical r	eason for term	ination:				Infection	Retained Products	
	0								_	
Pathological examination If yes, results:										
performed?										
■ Yes □ No SAC & CHORIONIC VILLI Did this termination of pregnancy result in a maternal death? □ Yes ■ No										
				Type of Te	ermination	Procedu	res			
Procedure that Termin	nated P	reanancy		•			rocedure that Ter	rminated Pr	regnancy	
		•								
Medical (Nonsurg							(Nonsurgical) N (Nonsurgical) N			
☐ Medical (Nonsurg	gical)	Other (Specify)				Medical	(Nonsurgical) (Other (Spec	rify)	
Medical (Surgical					_ _	Medical	(Surgical) Suct	ion Curetta	ge	
Medical (Surgical Medical (Surgical							(Surgical) Men (Surgical) Othe		ration	
							, ,	. 1		
For Medical (Surgical)) proce	dures, answer the foll	lowing questio	n.	For	Medical	(Surgical) proced	dures, answ	ver the following question.	
		e a post fertilization a	ige at least 20	weeks?	w			e a post fert	tilization age at least 20 weeks?	
Yes If the previous question		answered ves. comple	ete the followi	ng questions.	If th	_	Yes	answered ve	es, complete the following questions.	
Was the fetus given	the bes	at opportunity to survi		0 1		as the fet	us given the best			
☐ Yes ☐	No					□ ,	Yes No			
		ermination that the pro- to avert death or serio			nt tha				hat the pregnant woman had a condition ath or serious impairment to the pregnant	
Date last normal mens	_	an 21/2017		Physician esti	imate of ge	estation (in weeks)	Post fe	ertilization age of the fetus (in weeks)	
How were the gestatio			n age determin	ed?		-			-	
SUNUGRAM	SONOGRAM									
Full name of physician		rming termination								
Address of physician p	perforn	-		t, city, state, and	d zip code))				
3607 WEST 16TH S	IKEE	I, INDIANAPOLIS,	IN 46222							
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre CLINIC FOR WOMEN - 3607 WE	ess est 16th street suite B2, I	NDIANAPOLIS, IN 46222	City or tow		ncy terminatio	on	County of pregnancy termination MARION			
29	arried Yes No	Date of pregnancy ter		Educat	tion		th, No Diploma			
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Bla ■ White ☐ Oth	nck or African ner	American	Unknowr		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	2			Number nov	v deceased	0			
Other Terminations:	Number of spontaneou	is terminations			Number of i	nduced termi	inations 0			
Dates of terminations (D	l o not include this termin	ation. If more than six (6), those most	recent.)						
1	2	3	4		5		6			
Fetus delivered alive? Yes No	If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnanc	y Termination		
				■ None ☐ Uterine Perforation						
Fetus viable?	If viable, medical	reason for termination:		Hemorrhage Cervical Laceration						
☐ Yes ■ No						Infection	☐ Retain	ned Products		
					Other (Spe	cify)				
Pathological examination If yes, results:										
performed?										
☐ Yes ■ No					Did			lt in a maternal death?		
					•					
		Tvi	e of Terminat	tion Procedur	es					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (NonsurgicMedical (Nonsurgic					(Nonsurgical) (Nonsurgical)					
■ Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)										
Medical (Surgical)	Suction Curettage			Medical	(Surgical) Su	ction Curetta	nge			
	Menstrual Aspiration			Medical	(Surgical) M (Surgical) Ot	enstrual Aspi	iration			
i wedicai (Surgicai)	Outer (Specify)		L	iviedicai	(Surgicar) Of	nei (<i>specijy)</i>				
For Medical (Surgical) p	rocedures, answer the fol	llowing question.	F	For Medical (Surgical) pro	cedures, ansv	ver the following que	stion.		
Was the fetus viable or ☐ Yes ☐ N	have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
				_						
If the previous question v	was answered yes, compl	lete the following quest	ions. I	f the previou	s question wa	s answered y	es, complete the follo	owing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the b	est opportuni	ty to survive?			
				_	_					
	determination that the pr dure to avert death or seri						that the pregnant won ath or serious impairs			
woman?				woman?						
Date last normal menses	•	Physic	ian estimate o	of gestation (ii	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
H	10/05/2017			8			6			
How were the gestational SONOGRAM	age and post tertilizatio	n age determined?								
Full name of physician p	erforming termination									
KATHLEEN GLOVER										
Address of physician per	=		ate, and zip co	ode)						
3607 WEST 16TH STR	EEI, INDIANAPOLIS	, IN 46222								
**Dot- D-	CC if D-4:-	1 (
**Date Reported to D	CS, II Patient under 14	+ (month, day, year): _					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	ddress 7 west	16TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or to		ncy termination	County of pregnancy termination MARION				
Patient's age** 27	Marr	ied □ Yes ■ No	Date of pregnancy term 12/07/20		Educat			ool Diploma or GE	D		
Race American Indian Native Hawaiian			☐ Asian ☐ Blac ■ White ☐ Othe		n American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2			Number now d		0			
Other Termination	s:	Number of spontaneou				Number of ind	uced termi				
Dates of termination	s (Do 1	0011	ation. If more than six (6			5		6			
Fetus delivered alive		If yes, length of tin	me fetus survived:				Compli	cation(s) of Pregnand	cy Termination		
☐ Yes ■ 1	No				■ None ☐ Uterine Perforation						
Estera esiable?		TGi-l-1	reason for termination:		☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable? Yes	No	ii viable, medicai	reason for termination:		☐ Infection ☐ Retained Products						
						lп	Other (Spec	cify)			
Pathological examin	ation	If yes, results:									
performed?						B:1-1:			11.10		
☐ Yes ■	NO				Did this termination of pregnancy result in a maternal death? Yes No						
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsu	ırgical)	Mifepristone			☐ Medical	(Nonsurgical) N	//Iifepriston	ie			
Medical (Nonsu		Misoprostol Other (Specify)				(Nonsurgical) N (Nonsurgical) C					
Medical (Surgion Medica		ction Curettage enstrual Aspiration			Medical	(Surgical) Sucti (Surgical) Mens	strual Aspi	ration			
Medical (Surgio	cal) Ot	her (Specify)			☐ Medical	(Surgical) Othe	r (Specify)				
For Medical (Surgic	al) pro	cedures, answer the fol	llowing question.		For Medical (Surgical) proced	lures, answ	ver the following que	estion.		
Was the fetus viab		we a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion wa	s answered yes, compl	lete the following question	ons.	If the previou	s question was a	nswered y	es, complete the follo	owing questions.		
Was the fetus give		est opportunity to surv	ive?			us given the best Yes \(\sime\) No	opportuni	ty to survive?			
What was the basis	s for de	termination that the pr	regnant woman had a con	ndition	What was th	ne basis for deter	mination t	hat the pregnant wor	nan had a condition		
			ious impairment to the pr						ment to the pregnant		
woman:					woman:						
Data lost no1	ngga L	con	DL	on active	of gostaties /	n waaka)	Do-4.5	utilization asf./1	fotus (in al.a)		
Date last normal me	10	0/14/2017		an estimate	of gestation (i	n weeks)	Post fe	ertilization age of the 5	tetus (in weeks)		
How were the gestat	ional a	ge and post fertilizatio	on age determined?								
JUNIONAM											
Full name of physician performing termination											
KATHLEEN GLO	VER										
	-	rming termination (num ET, INDIANAPOLIS	mber and street, city, stat . IN 46222	te, and zip o	code)						
300. 17207 10111	J. 116	OLIO	,								
**Date Reported t	to DCS	S, if Patient under 14	4 (month, day, year):								
DATE RECEIVE	DATE RECEIVED BY ISDH (month, day, year): 01/28/2018										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Addre CLINIC FOR WOMEN - 3607 WE	ess Est 16th street suite B2, I	NDIANAPOLIS, IN 46222	City or town,		ncy termination	County of pregnancy termination MARION				
36	arried Yes No	Date of pregnancy terr 12/07/20		Educat	ion		elor's Degree			
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Bla ■ White ☐ Oth	ck or African Ai	merican	Unknown		/ anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	2			Number now o	leceased	0			
Other Terminations:	Number of spontaneou				Number of ind	uced termin	nations			
Dates of terminations (D	Oo not include this termina 2.		5), those most re	ecent.)	5.		6.			
Fetus delivered alive?	If yes, length of tin					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ No				■ None ☐ Uterine Perforation						
				☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for termination:		☐ Infection ☐ Retained Products						
						Other (Spec	_	110000		
Pathological examination	ujy)									
performed?	n If yes, results:									
☐ Yes ■ No					Did thi □ Ye			It in a maternal death?		
						<u> </u>	<u> </u>			
		Typ	e of Termination	n Procedur	es					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
			Aut							
Medical (NonsurgicMedical (Nonsurgic	cal) Misoprostol			Medical	(Nonsurgical) N (Nonsurgical) N	Misoprostol	[
Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)										
Medical (Surgical)			_		(Surgical) Suct					
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Men (Surgical) Othe		ration			
For Medical (Surgical) p	procedures, answer the fol	llowing question.	 For	Medical (Surgical) proced	dures, answ	ver the following que	stion.		
Was the fetus viable or	have a post fertilization	age at least 20 weeks?	W	Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes ☐ N				_	Yes □ No					
If the previous question		• •		•	•	·	es, complete the follo	wing questions.		
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	ive?	W		is given the best es No	opportunit	ty to survive?			
	determination that the pr						hat the pregnant won			
that required the proceed woman?	dure to avert death or seri	lous impairment to the p	-	at required oman?	the procedure	to avert dea	nth or serious impairr	nent to the pregnant		
Date last normal menses	began	Physici	an estimate of g	gestation (ii	n weeks)	Post fe	rtilization age of the	fetus (in weeks)		
	10/23/2017			7			5			
How were the gestational SONOGRAM	al age and post fertilization	n age determined?								
VOICO CAME										
Full name of physician p										
Address of physician per		mber and street, city, sta	ite, and zip code	?)						
3607 WEST 16TH STR	_		-							
**Date Reported to D	**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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	Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						nination .IS		County of pregnancy termination MARION		
Patient's age**	Marr	ied	Date of pregnancy term	nination	Educat	tion					
32	wian	Yes No	12/07/20				н		ool Diploma or G	ED	
Race American Indian Native Hawaiian Live Births:	or Oth		White Othe	ek or Africar er	n American		known er now d	■ Not I	anic or Latino Hispanic or Latino	Unknown	
Other Termination		Number of spontaneou	us terminations			Numb	er of ind	uced termi			
		not include this termin	1 nation. If more than six (6), those mos	et recent.)				10		
ı. 2017		2. 2016	_{3.} 2016	4.	2015	5. 2012 6. UNKNOWN					
Fetus delivered alive		If yes, length of ti	me fetus survived:		Complication(s) of Pregnancy					ncy Termination	
					■ None ☐ Uterine Perforation					ine Perforation	
Fetus viable?		If viable, medical	reason for termination:				☐ I	Hemorrhag	ge 🗌 Cerv	vical Laceration	
☐ Yes ■ 1	No						☐ I	nfection	☐ Reta	ined Products	
				Other (Spec	cify)						
Pathological examin performed?	If yes, results:										
Yes •			Did this termination of pregnancy result in a maternal dea								
							☐ Yes	s 🔳 N	0		
			Туре	e of Termina	ntion Procedur	res					
Procedure that Term	inated	Pregnancy			Additional Pr	ocedure	that Ter	minated Pr	regnancy		
Medical (Nonsu						,					
Medical (Nonsu Medical (Nonsu											
iviedicai (Ivonst	Other (Specify)		Medical	(IVOIISU	igicai) C	ины (ърес	.(Jy)				
Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage											
	cal) M	enstrual Aspiration			■ Medical	(Surgic	al) Mens	strual Aspi	ration		
Medical (Surgio	cal) Ot	ther (Specify)			☐ Medical	(Surgic	al) Other	r (Specify)			
For Medical (Surgical	al) pro	cedures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab. ☐ Yes [ave a post fertilization	age at least 20 weeks?			us viabl Yes [a post fert	tilization age at leas	st 20 weeks?	
If the previous quest	ion wa	s answered yes, comp	lete the following question	ons.	If the previou	s questi	ion was a	nswered ye	es, complete the fol	lowing questions.	
	n the b	est opportunity to surv	vive?			us giver Yes [opportuni	ty to survive?		
			regnant woman had a cor							oman had a condition rment to the pregnant	
woman?					woman?						
Date last normal me		egan 0/24/2017	Physicia	an estimate	of gestation (i.	n weeks	s)	Post fe	ertilization age of th		
How were the gestat		ge and post fertilization	on age determined?		<u> </u>						
Full name of physici		forming termination									
Address of physician	n perfo	-	mber and street, city, sta	te, and zip c	ode)						
3607 WEST 16TH	STRE	ET, INDIANAPOLIS	5, IN 46222								
**Date Reported t	to DC	S, if Patient under 1	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad CLINIC FOR WOMEN - 3607	Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					ncy termination		County of pregnancy termination MARION		
					·	<u> </u>				
36	Mar	ried Date of Properties Properties Date of Date of Properties Date of Date of Date of Date of Date of Date o	of pregnancy terr 12/07/20		Educa	Hig		l Diploma or GED		
Race American Indian of Native Hawaiian of	or Otl	ner Pacific Islander 🔳 Whi			can American	Unknown	Not Hi	ic or Latino 🔲 Unknown		
Live Births:		Number now living	3			Number now dec	ceased	0		
Other Terminations:	:	Number of spontaneous termin				Number of induc	ced termina	ntions		
Dates of terminations	(Do	not include this termination. If	more than six (6), those m	ost recent.)			0		
1		2 3	·		4	5		6		
Fetus delivered alive?		If yes, length of time fetus	s survived:				Complicat	tion(s) of Pregnancy Termination		
☐ Yes ■ N	O					■ No	one	☐ Uterine Perforation		
					☐ Hemorrhage ☐ Cervical Laceration					
Fetus viable?		If viable, medical reason f	or termination:							
☐ Yes ■ N	О				☐ Infection ☐ Retained Products					
						☐ Ot	ther (Specif	(y)		
Pathological examinat performed?	tion	If yes, results:								
Yes N	lo					Did this termination of pregnancy result in a materna				
						☐ Yes	■ No	F8		
			Тур	e of Termi	nation Procedur	res				
Dunga dyna that Tamair	antad	Decomonory	•		Additional Dr	sooduus that Tama	ain atad Dua			
Procedure that Termir	nated	Pregnancy			Additional Pi	ocedure that Term	ninated Preg	gnancy		
Medical (NonsurMedical (Nonsur					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol					
Medical (Nonsur						(Nonsurgical) Ot		y)		
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage										
☐ Medical (Surgica)	l) M	enstrual Aspiration			☐ Medical	(Surgical) Menstr	rual Aspira			
☐ Medical (Surgica	d) O	ther (Specify)			☐ Medical	(Surgical) Other	(Specify)			
For Medical (Surgical	l) pro	cedures, answer the following	question.		For Medical ((Surgical) procedu	ires, answei	r the following question.		
		_			Was the fetus viable or have a post fertilization age at least 20 weeks?					
Yes		ave a post fertilization age at lo	east 20 weeks?			Yes No	a post tertin	ization age at least 20 weeks?		
If the previous questic	on wa	as answered yes, complete the	following anesti	ons	If the previou	is question was an	swered ves	, complete the following questions.		
•					-	•	•			
Was the fetus given ☐ Yes ☐		est opportunity to survive?				us given the best of Yes No	opportunity	to survive?		
What was the basis	for d	etermination that the pregnant	woman had a co	ndition	What was th	ha basis for datarm	nination the	at the pregnant woman had a condition		
that required the pro		re to avert death or serious imp			that require			or serious impairment to the pregnant		
woman?					woman?					
Date last normal mens	ses b	egan	Physic	ian estimat	e of gestation (i	in weeks)	Post ferti	ilization age of the fetus (in weeks)		
	0	9/15/2017	-		7			5		
_	onal a	age and post fertilization age de	etermined?							
SONOGRAM										
Full name of physicial KATHLEEN GLOV	_	forming termination								
		orming termination (number an	d street, city. sta	ate, and zin	code)					
	-	ET, INDIANAPOLIS, IN 462		, \	- /					
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):									

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Facility Name and Acclinic for women - 3607	ddress 7 WEST	16TH STREET SUITE B2, INDI	ANAPOLIS, IN 46	City or		ancy termination		County of pregnancy termination MARION		
		1			1 _					
Patient's age** 31	Marr	ied D Yes No		cy termination //07/2017	Educa		gh School Diploma or GED)		
Race American Indian of Native Hawaiian of	or Oth	er Pacific Islander		Black or Afri	ican American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino	Unknown		
Live Births:		Number now living	3			Number now de	ceased 0			
Other Terminations	:	Number of spontaneous t	erminations 1			Number of indu	red terminations			
Dates of terminations	(Do i	not include this termination	on. If more tha	n six (6), those 1	nost recent.)	5.	6.			
Fetus delivered alive?	?	If yes, length of time		<u> </u>			Complication(s) of Pregnancy	Termination		
☐ Yes ■ N	lo					■ N	one Uterine	e Perforation		
Fetus viable?		If viable, medical rea	son for termin	ation:	Hemorrhage Cervical Lacerati					
Yes N	Ю				☐ Infection ☐ Retained Products					
							her (Specify)			
Pathological examina	tion	If yes, results:								
performed?	No					Did this	ermination of pregnancy result	in a maternal death?		
						☐ Yes	No	in a maternar death.		
				Type of Term	nination Procedu	res				
Procedure that Termin	nated	Pregnancy			Additional P	rocedure that Terr	inated Pregnancy			
		•			1_		•			
Medical (NonsurMedical (Nonsur						(Nonsurgical) M (Nonsurgical) M				
Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)										
Medical (Surgica	al) Su	ction Curettage			☐ Medical	(Surgical) Suction	n Curettage			
☐ Medical (Surgica	al) M	enstrual Aspiration			☐ Medical	(Surgical) Mensi	ual Aspiration			
Medical (Surgica	ai) Oi	ner (<i>Specify</i>)			Medical	(Surgical) Other	Specify)			
								_		
For Medical (Surgical	l) pro	cedures, answer the follow	wing question.		For Medical	(Surgical) procedi	res, answer the following quest	tion.		
Was the fetus viable ☐ Yes ☐		ave a post fertilization ago	e at least 20 we	eeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No				
If the previous question	on wa	s answered yes, complete	the following	questions.	If the previou	us question was ar	swered yes, complete the follow	ving questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survive	?			tus given the best	pportunity to survive?			
	_	tarmination that the	nont row 1	nd a gendiri		_	ination that the man	on had a conditi		
that required the pro		termination that the pregre to avert death or seriou			that require		ination that the pregnant woma avert death or serious impairm			
woman?					woman?					
Date last normal men		-]	Physician estima	ate of gestation (in weeks)	Post fertilization age of the f	etus (in weeks)		
How were the gestation		ge and post fertilization a	oe determined	19	7		5			
SONOGRAM	onal d	50 and post retuinzation t	ise determined							
Full name of physicia KATHLEEN GLOV		forming termination								
Address of physician	perfo	rming termination (numb		city, state, and zi	ip code)					
SOU! WEST 16TH S	IKE	ET, INDIANAPOLIS, II	40222							
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS ST 16TH STREET SUITE B2, IN	IDIANAPOLIS, IN 46222	City or to	own, of pregna	ncy termin	nation	County of pregnancy termination MARION				
		D		1							
33	urried Yes No	Date of pregnancy terms		Educat	cion		th, No Diploma				
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	Asian Black White Other		nn American	Unkno	own Not I	y anic or Latino Hispanic or Latino				
Live Births:	Number now living	1			Number	now deceased	0				
Other Terminations:	Number of spontaneou				Number	of induced termi					
Dates of terminations (Do	not include this termino 2. UNKNOWN	ation. If more than six (6)), those mo	ost recent.)		5	6.				
Fetus delivered alive?	If yes, length of tir			Complication(s) of Pregnancy Termina							
☐ Yes ■ No	, , , ,					None	☐ Uterine Perforation				
						☐ Hemorrhag					
Fetus viable?	If viable, medical i	eason for termination:									
☐ Yes ■ No					☐ Infection	Retained Products					
				Other (Spec	cify)						
Pathological examination performed?	If yes, results:										
■ Yes □ No	CHORIONIC VIL	Ц					on of pregnancy result in a maternal death?				
					<u> L</u>	Yes N	0				
	Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
				_							
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica						cal) Mifepristoncal) Misoprostol					
Medical (Nonsurgica						cal) Other (Spec					
Medical (Surgical)						Suction Curetta					
☐ Medical (Surgical) I☐ Medical (Surgical) ☐	Menstrual Aspiration Other (Specify)					Menstrual Aspi Other (Specify)	ration				
	. 1 327										
For Medical (Surgical) pr	rocedures, answer the fol	lowing question.		For Medical (Surgical) procedures, answer the following question.							
	have a post fertilization a			Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ■ N	0			□ 7	Yes □ I	No					
If the previous question v	vas answered yes, comple	ete the following question	ns.	If the previou	s question	was answered yo	es, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survi	ve?			is given th	ne best opportuni No	ty to survive?				
	determination that the pr						hat the pregnant woman had a condition				
that required the proced woman?	lure to avert death or seri	ous impairment to the pro	egnant	that required woman?	the proce	edure to avert dea	ath or serious impairment to the pregnant				
Date last normal menses	began	Physicia	ın estimate	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)				
	10/30/2017			7	•		5				
How were the gestational	l age and post fertilization	n age determined?									
CONCONAIVI	SONOGRAM										
Full name of physician po	-										
RAYMOND E. ROBINS Address of physician perf		nber and street, city, state	e, and zin	code)							
3607 WEST 16TH STR	-		, Sup	/							
**Date Reported to Do	**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad CLINIC FOR WOMEN - 3607	Facility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						ncy termination	1	County of pregnancy termination MARION		
33	Marrio	ed Yes I No		nancy termination 12/14/2017	n	Educa			ool Diploma or GED		
Race American Indian of Native Hawaiian of	or Othe	er Pacific Islander	Asian White	■ Black or A □ Other	African Amo	erican	Unknown	■ Not	y anic or Latino Hispanic or Latino		
Live Births:	N	Number now living	1				Number now	deceased	0		
Other Terminations	: N	Number of spontaneous	s terminations				Number of in	duced term	inations 0		
Dates of terminations	(Do n	ot include this termina	tion. If more t	han six (6), thos	e most rece	ent.)					
1		2	3		4		5		6		
Fetus delivered alive? Yes N		If yes, length of tim	ne fetus surviv	red:				Compli	cation(s) of Pregnancy Termination		
					■ None ☐ Uterine Perforation						
Fetus viable?		If viable, medical re	eason for term	nination:	Hemorrhage Cervical Laceration						
Yes N	Ю	ii viable, medicai ie	cuson for term	imation.		☐ Infection ☐ Retained Products					
							Ιп	Other (Spe	cify)		
Pathological examination	tion	If yes, results:						(-1	- 437		
performed?			I O FETAL I	DADTO							
■ Yes □ N	No	CHORIONIC VILL	.I & FEIALI	PARIS			Did th		ion of pregnancy result in a maternal death?		
		1									
				Type of Ta	ermination	Procedu	res				
	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Procedure that Termin	nated F	Pregnancy			Addi	tional Pı	rocedure that Te	erminated P	regnancy		
	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol				
Medical (Nonsur		H S	Medical	(Nonsurgical)	Other (Spec	cify)					
■ Medical (Surgical) Suction Curettage											
☐ Medical (Surgica	al) Me	enstrual Aspiration				Medical	(Surgical) Mer	nstrual Aspi	iration		
Medical (Surgica	al) Oth	ner (Specify)				Medical	(Surgical) Oth	er (<i>Specify)</i>			
For Medical (Surgical	l) proc	edures, answer the foll	owing question	on.	For N	Medical ((Surgical) proce	dures, ansv	ver the following question.		
		ve a post fertilization a	ge at least 20	weeks?	Wa	Was the fetus viable or have a post fertilization age at least 20 weeks?					
☐ Yes ■	-					_	Yes No				
If the previous question	on was	answered yes, comple	ete the followi	ng questions.	If the	previou	is question was	answered y	es, complete the following questions.		
Was the fetus given ☐ Yes ☐		st opportunity to surviv	ve?		Wa		us given the bes Yes \(\Boxed{\text{No}}\) No	st opportuni	ity to survive?		
		ermination that the pre							that the pregnant woman had a condition		
that required the pro- woman?	ocedure	e to avert death or serio	ous impairmer	nt to the pregnar		require	d the procedure	to avert de	ath or serious impairment to the pregnant		
					"01						
				T = .							
Date last normal mens		gan /16/2017		Physician esti	_	station (i 7	in weeks)	Post fe	ertilization age of the fetus (in weeks) 5		
How were the gestation		ge and post fertilization	age determin	ed?		•			,		
SONOGRAM		-	-								
Full name of physicia RAYMOND E. ROB	_	-									
Address of physician	perfor	ming termination (num			l zip code)						
3607 WEST 16TH S	IKEE	: I SIE. ZU, INDIANA	APULIS, IN	+0222							
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and A CLINIC FOR WOMEN - 360	Cacility Name and Address LINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						ncy termination		County of pregnancy termination MARION		
Patient's age**		, ,	Date of man	nancy termination	On.	Educat	tion				
Patient's age** 30	Marri	ed □ Yes ■ No		12/15/2017	ON .	Educai			ol Diploma or GI	ED	
Race American Indian Native Hawaiian			Asian White	☐ Black or A	African Am	erican	Unknown		y anic or Latino Hispanic or Latino	Unknown	
Live Births:	1	Number now living	3				Number now d		0		
Other Termination	ıs:	Number of spontaneou					Number of ind	uced termi			
Dates of termination	is (Do n	ot include this termina	ution. If more t	han six (6), tho	se most rece	ent.)					
Fetus delivered alive	- 0	If yes, length of tir		4.	4		5	Compli	cation(s) of Pregnan	cy Termination	
Yes •		if yes, length of the	ne ietus surviv	eu.			1	•	_	ine Perforation	
Fetus viable?	N.T.	If viable, medical i	reason for term	nination:							
☐ Yes ■	No							nfection		ined Products	
Dath alocical avamin	ation	If was manulter						Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:									
■ Yes □	No	CHORIONIC VIL	LI & FETAL	PARTS		Did this termination of pregnancy result in a maternal deat ☐ Yes ■ No					
									-		
				Type of To	ermination 1	Procedur	res				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsu											
Medical (Nonsu	ırgical)										
	Other (Specify)				Medicai	(Nonsurgical) C	ottier (<i>spec</i>	uy)			
Medical (Surgio		ction Curettage enstrual Aspiration				Medical	(Surgical) Sucti (Surgical) Mens	strual Aspi			
Medical (Surgio	cal) Otl	ner (Specify)				Medical	(Surgical) Othe	r (Specify)			
For Medical (Surgic	al) proc	edures, answer the fol	lowing question	on.	For N	Medical (Surgical) proced	lures, answ	ver the following qu	estion.	
Was the fetus viab ☐ Yes [ve a post fertilization a	age at least 20	weeks?	Wa	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No					
		answered yes, comple	ete the followi	ng questions.	If the	e previou	s question was a	nswered ye	es, complete the foll	owing questions.	
		est opportunity to survi	ive?		Wa		us given the best	opportuni	ty to survive?		
	☐ No	tomoinoti 4 4	agnort	hod a 1''		_	Yes No	i+:	hat the course	mon had a d'd	
that required the pr		termination that the properties to avert death or seri			nt that	t required				man had a condition ment to the pregnant	
woman?					Wor	man?					
D. L.				l m				1	.44		
Date last normal me		gan 1 /20/2017		Physician est	_	station (i 8	n weeks)	Post fe	ertilization age of the	e tetus (in weeks)	
_	ional ag	ge and post fertilization	n age determin	ned?				1			
SONOGRAM											
Full name of physici	ian nerf	orming termination									
RAYMOND E. RO											
	_	ming termination (num			d zip code)			·			
COO. TILOT TOTAL	J. INEL	01 L. 20, INDIAN.	CLIO, IIV								
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS ST 16TH STREET SUITE B2, INDIANAPOL	S, IN 46222	or town, of pregna	ncy termination	Con	County of pregnancy termination MARION					
			· ·								
17	nried Date of p ☐ Yes ■ No	regnancy termination 12/15/2017	Educa	tion		lo Diploma					
Race American Indian or A Native Hawaiian or O	_	☐ Black or Af☐ Other	rican American	Unknown	Ethnicity Hispanic o Not Hispa						
Live Births:	Number now living	1		Number now do	eceased	0					
Other Terminations:	Number of spontaneous terminat			Number of indu	aced termination	ns					
Dates of terminations (Da	 o not include this termination. If m	ore than six (6), those	most recent.)			0					
1	2 3		4	5		6					
Fetus delivered alive? Yes No	If yes, length of time fetus su	rvived:				n(s) of Pregnancy Termination					
			■ None Uterine Perform								
Fetus viable?	If viable, medical reason for	termination:	Hemorrhage Cervical Laceration								
☐ Yes ■ No	,		☐ Infection ☐ Retained Products								
				По	Other (Specify)						
Pathological examination If yes, results:											
performed?											
■ Yes □ No	CHORIONIC VILLI & FET	AL PARTS	Did this termination of pregnancy result in a maternal d								
				□ Tes	■ No						
	Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Procedure that Terminate	a Pregnancy		Additional Pi	ocedure that Ten	minated Pregna	incy					
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica				(Nonsurgical) M							
Medical (Nonsurgical			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
■ Medical (Surgical) Suction Curettage											
Medical (Surgical)Medical (Surgical)	Suction Curettage Menstrual Aspiration		Medical Medical	(Surgical) Suction (Surgical) Mens	on Curettage trual Aspiration	n					
Medical (Surgical)				(Surgical) Other							
For Medical (Surgical) pr	rocedures, answer the following qu	estion.	For Medical (Surgical) procedures, answer the following question.								
	have a post fertilization age at leas	t 20 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?								
Yes N	vas answered yes, complete the follow	lowing questions	_	Yes ☐ No	nswered ves co	omplete the following questions.					
•	best opportunity to survive?	owing questions.		us given the best							
Yes N				Yes No	Tr tumij to						
	determination that the pregnant wo					ne pregnant woman had a condition					
woman?	iare to avert ucaur or serious impair	ment to the pregnant	woman?	a are procedure to	o avert ucatii Oi	. sorrous impairment to the pregnant					
Data last normal mana	hagan	Dhysician actim	nata of contation (n waaks)	Doot fout:1:-	ation ago of the fatus (in					
Date last normal menses	og/05/2017	rnysician estin	nate of gestation (i	n weeks)	rost tertiliz	ation age of the fetus (in weeks) 10					
	age and post fertilization age dete	rmined?									
SONOGRAM											
Full name of physician po	_										
Address of physician perf	forming termination (number and s		zip code)								
3607 WEST 16TH STR	EET STE. 20, INDIANAPOLIS,	IN 46222									
**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	ess ST 16TH STREET SUITE B2, INDIANAPOLIS,	IN 46222 City or	town, of pregnar	ncy termination	С	County of pregnancy termination MARION					
D-4:42.	I B		l ma	·							
20	rried Date of pre Yes No	gnancy termination 12/15/2017	Educat	ion		ate Degree					
Race American Indian or A Native Hawaiian or O	other Pacific Islander White	■ Black or Afri □ Other	can American	Unknown		c or Latino panic or Latino Unknown					
Live Births:	Number now living)		Number now de	ceased	0					
Other Terminations:	Number of spontaneous termination			Number of indu	ced terminat	•					
Dates of terminations (De	 o not include this termination. If more	e than six (6), those n	nost recent.)			V					
1	2 3		4	5		6					
Fetus delivered alive?	If yes, length of time fetus surv	vived:			Complicati	cation(s) of Pregnancy Termination					
☐ Yes ■ No				■ No	one	☐ Uterine Perforation					
E-4d. 11 0	IC-3-11. 17 1 C		☐ Hemorrhage ☐ Cervical Laceration								
Fetus viable? ☐ Yes ■ No	If viable, medical reason for ter	rmination:		│	fection	☐ Retained Products					
Pathological avereined	If you reculted		ther (Specify	<i>)</i>							
Pathological examination performed?											
■ Yes □ No	CHORIONIC VILLI & FETAI	_ PARTS	Did this termination of pregnancy result in a maternal of								
				☐ Yes	■ No						
	Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Procedure that Terminate	ed Pregnancy		Additional Pro	ocedure that Term	ninated Pregi	nancy					
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica				(Nonsurgical) Mi							
Medical (Nonsurgical			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
Medical (Surgical) S	Suction Curettage		☐ Medical ((Surgical) Suctio	n Curettage						
☐ Medical (Surgical) 1	Menstrual Aspiration		☐ Medical ((Surgical) Menst	rual Aspirati	on					
☐ Medical (Surgical) (Other (Specify)		☐ Medical (Surgical) Other (Specify)								
For Medical (Surgical) pr	rocedures, answer the following ques	tion.	For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 2	0 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
	was answered yes, complete the follow	wing questions.		_	swered yes,	complete the following questions.					
Was the fetus given the	best opportunity to survive?		Was the fetu	is given the best o	•						
☐ Yes ☐ N	бо			es No							
	determination that the pregnant wom lure to avert death or serious impairm					the pregnant woman had a condition or serious impairment to the pregnant					
woman?	iure to avert ueaut or serious impairm	ient to tile pregnant	woman?	i die procedure to	avert death	or serious impairment to the pregnant					
Date last normal menses	began	Physician estima	te of gestation (in	n weeks)	Post fertil	ization age of the fetus (in weeks)					
	10/13/2017	-y == 3 tall Commo	8			6					
_	l age and post fertilization age determ	ined?									
SONOGRAM	SONOGRAM										
Full name of physician performing termination											
RAYMOND E. ROBINS	=										
	forming termination (number and stre		p code)								
3607 WEST 16TH STR	EET STE. 20, INDIANAPOLIS, IN	l 46222									
**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address CLINIC FOR WOMEN - 3607 WES	IC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2. INDIANAPOLIS. IN 46222									
	·			INDIANAPOLIS					MARION	
Patient's age** 24	rried Yes I No	Date of pregnancy term 12/15/20		Educa	tion	Hiç	gh School	Diploma or G	ED	
Race American Indian or A Native Hawaiian or O		☐ Asian ☐ Blac☐ White ☐ Othe		an American		known		e or Latino panic or Latino	☐ Unknown	
Live Births:	Number now living	1				er now dec		0		
Other Terminations:	Number of spontaneou	s terminations 0			Numb	er of induc	ed terminati	ions 0		
Dates of terminations (Do		•								
Fetus delivered alive? Yes No	If yes, length of tir	a		4		■ No	•	on(s) of Pregna	ncy Termination rine Perforation vical Laceration	
Fetus viable? ☐ Yes ■ No		☐ Infection ☐ Retained Products ☐ Other (Specify)								
Pathological examination performed? Yes No	If yes, results: CHORIONIC VIL	Did this t	ermination o	of pregnancy re	sult in a maternal death?					
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)								
Medical (Surgical) S Medical (Surgical) Medical (Surgical) C	Menstrual Aspiration				(Surgica	al) Suction al) Menstr al) Other (n Curettage ual Aspirati (Specify)	on		
For Medical (Surgical) pro	ocedures, answer the fol	lowing question.		For Medical (Surgica	l) procedu	res, answer	the following q	uestion.	
Was the fetus viable or l ☐ Yes ■ No		age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous question w	vas answered yes, comple	ete the following questio	ons.	If the previou	s questi	on was ans	swered yes,	complete the fo	llowing questions.	
Was the fetus given the ☐ Yes ☐ No	11	ive?		Was the fett	us given Yes [pportunity to	o survive?		
What was the basis for of that required the procedu woman?									oman had a condition irment to the pregnant	
	10/18/2017	•	an estimate	e of gestation (i	n weeks	·)	Post fertil	ization age of tl	ne fetus (in weeks)	
How were the gestational SONOGRAM	How were the gestational age and post fertilization age determined? SONOGRAM									
Full name of physician pe	rforming termination									
RAYMOND E. ROBINS Address of physician perf	ON	nber and street, city, stat	te, and zip	code)						
3607 WEST 16TH STRI	-		~ r							
**Date Reported to DO	CS, if Patient under 14	1 (month day year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						own, of pregna	ncy terminati	County of pregnar	ncy termination ARION			
Dotis-12- 4-4			Data : C	one	mot:-	F 1	tion					
Patient's age** 29	Marri	ed □ Yes ■ No	Date of pregn	12/15/201		Educa	tion		nelor's Degree			
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		n American	Unknow		y vanic or Latino Hispanic or Latino	Unknown		
Live Births:	1	Number now living	0				Number nov	v deceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Number of i	nduced term	inations 1			
Dates of termination		ot include this termin				st recent.)	5		6			
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:				Compli	cation(s) of Pregnand	cy Termination		
Yes •	No							None	☐ Uteri	ne Perforation		
								Hemorrhag	ge 🔲 Cerv	ical Laceration		
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				Infection	☐ Retai	ined Products		
						Other (Specify)						
Pathological examin	ation	If yes, results:						Other (Spe	cijy)			
performed?												
■ Yes □	No	SAC & CHORIO	NIC VILLI					this terminati Yes 🔳 N		alt in a maternal death?		
		l										
			Type	of Termina	ation Procedur	res						
Procedure that Term	inated 1	Pregnancy		71		Additional Pr		Terminated P	regnancy			
		•							•			
Medical (Nonsu	ırgical)	Misoprostol				■ Medical	(Nonsurgical)	Misoprosto	ol			
Medical (Nonsu	ırgical)	Other (Specify)				Medical (Nonsurgical) Other (Specify)						
Medical (Surgio	cal) Su	ction Curettage				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration						
Medical (Surgio		enstrual Aspiration her (Specify)				Medical Medical	(Surgical) M (Surgical) O	enstrual Asp her (<i>Specify</i>)	iration			
For Medical (Surgic	al) proc	edures, answer the fol	llowing questic	on.		For Medical ((Surgical) pro	cedures, ansv	ver the following que	estion.		
Was the fetus viab	le or ha	ve a post fertilization				Was the feti	us viable or h	ave a post fer	tilization age at least	20 weeks?		
	■ No					_	Yes 🗌 No					
If the previous quest	ion was	s answered yes, compl	ete the followi	ng question	ıs.	If the previou	is question wa	s answered y	es, complete the foll	owing questions.		
	n the be	est opportunity to surv	ive?				us given the b Yes \text{No}	est opportuni	ty to survive?			
		termination that the pr							that the pregnant wor			
that required the programmer woman?	rocedur	e to avert death or seri	ious impairmer	nt to the pre	egnant	that required woman?	d the procedu	re to avert de	ath or serious impair	ment to the pregnant		
Date last normal me	nses be	gan		Physician	n estimate	of gestation (i	in weeks)	Post fo	ertilization age of the	e fetus (in weeks)		
How was d		/02/2017	m ag- 4	10 and 0		6			4			
How were the gestat	ional aş	ge and post fertilizatio	n age determin	ied?								
<u> </u>												
Full name of physici RAYMOND E. RO	-	-										
	-	ming termination (num			e, and zip c	code)						
300/ WEST 161H	OIKEE	ET STE. 20, INDIAN	APULIS, IN	40222								
**Date Reported t	to DCS	5, if Patient under 14	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	ess Est 16th Street Suite B2. I	INDIANAPOLIS, IN 46222	City or to	ty or town, of pregnancy termination County of INDIANAPOLIS					gnancy termination		
				INDIAN	IAPOL	IS			MARION		
29	arried Yes No	Date of pregnancy term 12/15/20		Educat	cion		Some Colle	ge, No Deç	gree		
Race American Indian or A Native Hawaiian or C	Other Pacific Islander	Asian Blac White Othe		n American	Unl		Ethnicity Hispanic Not Hisp		no 🔲 Unknown		
Live Births:	Number now living	3				er now de		0			
Other Terminations:	Number of spontaneou	0			Numb	er of indu	uced terminati	ons 2			
Dates of terminations (D 08/02/2014		ation. If more than six (6				5		6			
Fetus delivered alive? Yes No	If yes, length of ti					■ N	None	on(s) of Preg	nancy Termination Jerine Perforation		
Fetus viable? Yes No	If viable, medical	reason for termination:				☐ Iı	Hemorrhage Infection Other (Specify)	☐ F	Cervical Laceration Retained Products		
Pathological examination	n If yes, results:										
performed? • Yes No	CHORIONIC VIL	ш				Did this		of pregnancy	result in a maternal dead	<u>h</u> ?	
Type of Termination Procedures											
Procedure that Terminate	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)											
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical	(Surgica	al) Mens	on Curettage strual Aspiration (Specify)	on		_	
For Medical (Surgical) p	procedures, answer the fo	llowing question.		For Medical (Surgica	l) proced	ures, answer t	he following	g question.		
	have a post fertilization	• •		Was the fetu		e or have			least 20 weeks?		
If the previous question	was answered yes, comp	lete the following questio	ons.	If the previou	s questi	on was aı	nswered yes,	complete the	following questions.		
Was the fetus given the	e best opportunity to surv No	vive?			ıs given Yes		opportunity to	o survive?			
		regnant woman had a con ious impairment to the pr							woman had a condition apairment to the pregnant		
Date last normal menses	•	Physicia	an estimate	of gestation (i	n weeks)	Post fertili	zation age o	f the fetus (in weeks)		
How were the gestationa	10/2017 If age and post fertilization	on age determined?		7					5	-	
SONOGRAM											
Full name of physician p RAYMOND E. ROBIN	-										
Address of physician per 3607 WEST 16TH STR	-		te, and zip o	code)							
**Date Reported to D	CS, if Patient under 1	4 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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	acility Name and Address Acility Name and Address NIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222 City or town, of pregnancy termination County of pregnancy termination								
	0. 10		0210, 114		INDIA	NAPOLIS	MARION		
Patient's age** 23	Marrie [d Yes • No		ancy termination	Educa		gh School Diploma or GED		
Race American Indian or Native Hawaiian or	Other	Pacific Islander	Asian White	☐ Black or Afri	can American	Unknown		nknown	
Live Births:		ımber now living	1			Number now de	0		
Other Terminations:		ımber of spontaneou	0			Number of indu	ced terminations 1		
Dates of terminations (t include this termind				5.	6		
Fetus delivered alive?		If yes, length of tir					Complication(s) of Pregnancy Termina	tion	
Fetus viable?		If viable, medical	rasson for term	ination:		D	emorrhage	ion	
Yes No)	ii viable, illedical i	eason for term	illiation.		☐ I	fection Retained Produc	ets	
						ther (Specify)			
Pathological examinati									
performed? • Yes • No	0	CHORIONIC VIL	LI & FETAL I	PARTS		Did this	termination of pregnancy result in a mate	ernal death?	
				Type of Term	nination Procedu	res			
Procedure that Termina	ated Pı	regnancy		**			ninated Pregnancy		
☐ Medical (Nonsurg						(Nonsurgical) M			
Medical (Nonsurg	gical) I	Misoprostol				(Nonsurgical) M (Nonsurgical) O	isoprostol		
Medical (Surgical) Medical (Surgical) Medical (Surgical)) Men	strual Aspiration			☐ Medical	(Surgical) Suction (Surgical) Mens (Surgical) Other	rual Aspiration		
For Medical (Surgical)) proce	dures, answer the fol	lowing questic	on.	For Medical	(Surgical) proced	ares, answer the following question.		
Was the fetus viable o ☐ Yes ■		e a post fertilization	age at least 20	weeks?		us viable or have Yes No	a post fertilization age at least 20 weeks?		
If the previous question		answered yes, compl	ete the followi	ng questions.		_	swered yes, complete the following ques	tions.	
Was the fetus given t		t opportunity to surv	ive?			us given the best Yes No	opportunity to survive?		
What was the basis for that required the proc woman?	or dete				What was t	he basis for deter	nination that the pregnant woman had a control action avert death or serious impairment to the		
Date last normal mense	es bega	nn		Physician estima	ate of gestation (in weeks)	Post fertilization age of the fetus (in w	reeks)	
How were the gestation		2017 and post fertilizatio	n age determin	ed?	10		8		
SONOGRAM		T		<u> </u>					
Full name of physician RAYMOND E. ROBI	NSON	ı							
Address of physician p 3607 WEST 16TH ST		-			p code)				
**Date Reported to	DCS,	if Patient under 14	4 (month, day,	year):					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Addre	SS ST 16TH STREET SUITE B2, II	NDIANAPOLIS, IN 46222	City or	town, of pregna	ncy termination	County of pregnancy termination MARION				
34	urried Yes No	Date of pregnancy t		Educa	tion		elor's Degree			
Race American Indian or A Native Hawaiian or O		= =	Black or Afric Other	can American	Unknown		y anic or Latino Hispanic or Latino	Unknown		
Live Births:	Number now living	1			Number now	deceased	0			
Other Terminations:	Number of spontaneou	s terminations			Number of in	duced termi	nations 0			
Dates of terminations (Do	l o not include this termina	ation. If more than si	x (6), those m	ost recent.)						
1	2	3		4	5		6			
Fetus delivered alive? Yes No	If yes, length of tin	ne fetus survived:				Complic	cation(s) of Pregnanc	y Termination		
						None	☐ Uterir	ne Perforation		
Fetus viable?	If viable, medical	reason for termination	n:			Hemorrhag	e 🗌 Cervie	cal Laceration		
Yes No	in vinete, interior		•••			Infection	☐ Retain	ned Products		
						Other (Spec	cify)			
Pathological examination	If yes, results:									
performed?	CHORIONIC VIL	11								
■ Yes □ No	ONORIONIO VIE							lt in a maternal death?		
	·									
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
	•									
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica					(Nonsurgical) (Nonsurgical)					
Medical (Nonsurgical					(Nonsurgical)					
Medical (Surgical) S	Suction Curettage			☐ Medical	(Surgical) Suc	tion Curetta	ge			
	Menstrual Aspiration				(Surgical) Mer (Surgical) Oth					
Medical (Surgical)	Other (Specify)			Wiedicar	(Burgicur) Our	ci (specijy)				
								_		
For Medical (Surgical) pr	rocedures, answer the fol	lowing question.		For Medical ((Surgical) proce	edures, answ	ver the following que	stion.		
Was the fetus viable or ☐ Yes ■ N	have a post fertilization	age at least 20 weeks	?		us viable or hav Yes П No	e a post fert	tilization age at least	20 weeks?		
		-4- 4b- 6-11	- 4 :			1	1-4-41 £-11-			
If the previous question v	vas answered yes, compi	ete the following que	estions.	If the previou	s question was	answered ye	es, complete the follo	owing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the bes Yes \text{No}	st opportuni	ty to survive?			
What was the basis for	determination that the pr	eanant woman had a	condition	What was th	ne basis for deta	ermination f	hat the pregnant won	an had a condition		
that required the proced	lure to avert death or seri			that require			ath or serious impairr			
woman?				woman?						
				ı						
Date last normal menses	•	Phys	sician estimat	te of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestational	10/18/2017 age and post fertilizatio	n age determined?		8			6			
SONOGRAM	age and post retiments	n age determined:								
Full name of physician pe										
RAYMOND E. ROBINS				1 \						
Address of physician perf 3607 WEST 16TH STR	=		_	coae)						
		,								
**Date Reported to D0	CS, if Patient under 14	1 (month, day, year):					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Acclinic For Women - 3607	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						ncy termination		County of pregnancy termination MARION		
D. C. A. A.A. I		T	D. C	,	1	E.	<i>.</i> ·				
Patient's age** 30	Marrio	ed □ Yes ■ No		ancy termination 12/15/2017	n	Educat		igh Scho	ol Diploma or GED		
Race American Indian of Native Hawaiian of	or Othe	er Pacific Islander	Asian White	Black or A	African Ame	rican	Unknown	Hispa Not H	anic or Latino Hispanic or Latino Unknown		
Live Births:		Number now living	3				Number now d		0		
Other Terminations	: N	Number of spontaneous	s terminations 1				Number of ind	uced termin	nations 1		
Dates of terminations 1. 2014		ot include this termina 2. UNKNOWN	ation. If more th	han six (6), thos	e most recer	nt.)	5		6		
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ed:				Complic	eation(s) of Pregnancy Termination		
Yes N	Ю						■ N	None	☐ Uterine Perforation		
		70					D	Hemorrhag	e Cervical Laceration		
Fetus viable? Yes N	lo	If viable, medical r	eason for term	ination:				nfection	Retained Products		
								Other (Spec	_		
Pathological examina	ition	If yes, results:			- Onlet (Specify)						
performed?											
■ Yes □ N	CHORIONIC VILI	LI & FETAL F		Did this ☐ Yes		on of pregnancy result in a maternal death?					
								, 🗀 📉	5		
Type of Termination Procedures											
Procedure that Termi	nated F	Pregnancy			Additi	ional Pr	ocedure that Ter	minated Pr	regnancy		
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone											
☐ Medical (Nonsur	rgical)	Misoprostol			□ N	1edical	(Nonsurgical) M (Nonsurgical) M	/lisoprostol			
Medical (Nonsur	rgical)	Other (Specify)			Medical (Nonsurgical) Other (Specify)						
Medical (Surgica							(Surgical) Sucti				
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical	nstrual Aspiration ner (Specify)				1edical 1edical	(Surgical) Mens (Surgical) Other	strual Aspii r (<i>Specif</i> y)	ration			
For Medical (Surgical	l) proc	edures, answer the foll	lowing questio	n.	For M	For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable ☐ Yes ■		ve a post fertilization a	ige at least 20	weeks?	Was		us viable or have Yes No	a post fert	ilization age at least 20 weeks?		
	_	answered yes, comple	ete the following	ng questions.	If the	_	_	nswered ye	es, complete the following questions.		
Was the fetus given ☐ Yes ☐		st opportunity to survi	ve?		Was		us given the best Yes No	opportunit	ey to survive?		
	_					_	_		roa e e e e e e e e e e e e e e e e e e e		
		ermination that the pre e to avert death or serie				require			hat the pregnant woman had a condition hath or serious impairment to the pregnant		
Date last normal men		gan /31/2017		Physician esti	mate of gest		n weeks)	Post fe	rtilization age of the fetus (in weeks)		
How were the gestational age and post fertilization age determined?								<u>-</u>			
SUNUGRAM	ONOGRAM										
Full name of physicia	_	-									
	perfor	ming termination (nun			l zip code)						
3607 WEST 16TH S	TREE	T STE. 20, INDIAN	APOLIS, IN 4	16222							
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Addr CLINIC FOR WOMEN - 3607 W	ess EST 16TH STREET SUITE B2,	INDIANAPOLIS, IN 46222	City or	town, of pregna	•	ounty of pregnancy termination MARION				
			<u> </u>	DIAI	٧_	-				
33	arried Yes I No	Date of pregnancy term 12/15/201		Educa	tion	Hi	igh School Ethnicity	Diploma or GED		
Race American Indian or a	Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		can American		known	☐ Hispanio ■ Not Hisp	c or Latino Unknov	vn	
Live Births:	Number now living	2				er now de		0		
Other Terminations:	Number of spontaneou	0			Numb	er of indu	aced terminat	ions 1		
Dates of terminations (L. 2008		ation. If more than six (6,								
Fetus delivered alive? Yes No	1	me fetus survived:		4		5	Vone	on(s) of Pregnancy Termination Uterine Perforation		
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for termination:				Iı	Hemorrhage Infection Other (Specify)	☐ Cervical Laceration ☐ Retained Products		
Pathological examinatio	n If yes, results:									
performed? • Yes No	CHORIONIC VIL	LI & FETAL PARTS				Did this		of pregnancy result in a maternal	death?	
Type of Termination Procedures										
Procedure that Terminat	ed Pregnancy			Additional Pr	ocedure	that Terr	minated Pregi	nancy		
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			☐ Medical	(Surgic	al) Mens	on Curettage trual Aspirati (Specify)	on		
For Medical (Surgical)	procedures, answer the fo	llowing question		For Medical (Surgica	al) proced	urec ancwer	the following question.		
	r have a post fertilization	• •		Was the fett		e or have		ation age at least 20 weeks?		
		lete the following questio	ons.				nswered yes,	complete the following questions.		
Was the fetus given the	e best opportunity to surv No	vive?			ıs given Yes 🔲		opportunity t	o survive?		
		regnant woman had a con ious impairment to the pr						the pregnant woman had a condit or serious impairment to the pregr		
Date last normal menses	•	Physicia	an estimat	e of gestation (i	n weeks	s)	Post fertil	ization age of the fetus (in weeks)		
How were the costations	10/09/2017	on age determined?		7				5		
SONOGRAM	How were the gestational age and post fertilization age determined?									
Full name of physician p	-									
Address of physician pe 3607 WEST 16TH STF	-	mber and street, city, stat	te, and zip	code)						
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Addr CLINIC FOR WOMEN - 3607 W	ress /EST 16	TH STREET SUITE B2, II	NDIANAPOLIS, IN	46222 City or	ity or town, of pregnancy termination INDIANAPOLIS County of pregnancy termina MARION						
					INDIAI	•AFUL				WAI	11011
24	Iarried	Yes No		ancy termination	Educa	tion			or's Degre	e	
Race American Indian or Native Hawaiian or	Other	Pacific Islander	Asian White	☐ Black or Afri	can American		known	Not Hi	ic or Latino spanic or La	tino	Unknown
Live Births:	Nu	mber now living	1				er now d		0		
Other Terminations:	Nu	mber of spontaneou	s terminations 0			Numb	er of ind	uced termina	tions 1		
Dates of terminations (I											
Fetus delivered alive? Yes No	2	If yes, length of tin			4		5	•		egnancy	Termination Perforation
Fetus viable? Yes • No		If viable, medical	reason for term	ination:			_ I	Hemorrhage Infection Other (Specif	□ □ ÿ)		al Laceration d Products
Pathological examination	on	If yes, results:									
performed? Yes No CHORIONIC VILLI Did this termination of pregnancy result in a maternal death? Yes No										in a maternal death?	
Type of Termination Procedures											
Procedure that Terminal	ted Pre	egnancy			Additional Pr	ocedure	that Ter	minated Preg	gnancy		
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)											
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Mens	strual Aspiration				(Surgic	al) Mens	on Curettage strual Aspira r (Specify)	ion		
For Medical (Surgical)	proced	lures, answer the fol	lowing questio	n.	For Medical	Surgica	ıl) proced	lures, answei	the followi	ng auest	_ ion.
Was the fetus viable o	r have		• .		Was the fet	_	e or have	a post fertil			
If the previous question	was a	nswered yes, compl	ete the following	ng questions.	If the previou	ıs questi	ion was a	nswered yes	complete tl	ne follow	ving questions.
Was the fetus given th		opportunity to surv	ive?			us given Yes [opportunity	to survive?		
What was the basis for that required the processions?											n had a condition ent to the pregnant
Date last normal menses	_			Physician estima		in weeks	s)	Post fert	lization age		etus (in weeks)
How were the destation		9/2017 and post fertilizatio	n age determin	ed?	6					4	
SONOGRAM	How were the gestational age and post fertilization age determined? ONOGRAM										
Full name of physician p	_	-									
Address of physician pe 3607 WEST 16TH STI		-			p code)						
**Date Reported to I	OCS, i	if Patient under 14	1 (month, day,	year):							

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Facility Name and Addre CLINIC FOR WOMEN - 3607 WE	SS ST 16TH STREET SUITE B2, INC	DIANAPOLIS, IN 46222	City or to	wn, of pregnar	•		County of pregnancy ter MARIO			
	2									
26	arried No	Date of pregnancy terminate Date of pregnancy terminate 12/15/201		Educat	cion		chool Diploma or GED			
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	Asian Black White Other		n American	☐ Unk	nown 🔳 N	ispanic or Latino ot Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	3			Numbe	er now decease	0			
Other Terminations:	Number of spontaneous	terminations			Numbe	er of induced te	rminations			
Dates of terminations (Do	o not include this terminat	ion. If more than six (6),	, those mos	et recent.)		5	1			
Fetus delivered alive?	If yes, length of time					Com	plication(s) of Pregnancy Ter	mination		
☐ Yes ■ No	y,g					■ None	☐ Uterine Per	rforation		
						_	_			
Fetus viable?	If viable, medical re	ason for termination:		Hemorrhage Cervical Laceration						
☐ Yes ■ No				☐ Infection ☐ Retained Products						
						Other (Specify)			
Pathological examination	If yes, results:									
performed?	CHORIONIC VII I	I & FETAL PARTS				Dild:				
■ Yes □ No	CHORIONIC VILL	. WI LIALI ANIO		Did this termination of pregnancy result in a matern. Yes No						
		Type	of Termina	ntion Procedur	es					
Procedure that Terminate	ed Pregnancy			Additional Pro	ocedure	that Terminate	d Pregnancy			
				_						
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical						gical) Mifepris gical) Misopro				
☐ Medical (Nonsurgical	al) Other (Specify)			Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	Suction Curettage			☐ Medical	(Surgica	l) Suction Cur	ettage			
☐ Medical (Surgical)	Menstrual Aspiration			Medical	(Surgica	l) Menstrual A	spiration			
Medical (Surgical)	Other (Specify)			☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical) pr	rocedures, answer the follo	owing question.		For Medical (Surgical) procedures, a	nswer the following question.			
	have a post fertilization ag	ge at least 20 weeks?			ıs viable Yes 🔲		fertilization age at least 20 we	eeks?		
	was answered yes, complet	te the following question	ns.	_			d yes, complete the following	questions.		
Was the fetus given the	best opportunity to surviv	•		Was the fetu	ıs given	the best opport	unity to survive?	· • · · · · · · · · · · · · · · · · · ·		
☐ Yes ☐ N					es □					
	determination that the pres						on that the pregnant woman had asther serious impairment			
woman?	lure to avert death or serior	us ипрантпент to the pre	gnant	woman?	ı ine pro	cedure to avert	death or serious impairment t	to the pregnant		
Data lant in a 1	hogon	l m	n octi	of activity of	* `	, ,	t foutilization = 0.5 0.5	(in L.)		
Date last normal menses	began 10/28/2017	Physician	ıı estimate	of gestation (in	n weeks)	Pos	t fertilization age of the fetus 5	(in weeks)		
	l age and post fertilization	age determined?		•						
SONOGRAM										
Full name of physician po	_									
Address of physician per	SON forming termination (<i>num</i> l	ber and street city state	e, and zin c	ode)						
	EET STE. 20, INDIANA		., Lip C	- 40)						
**Date Reported to Do	CS, if Patient under 14	(month, day, year):								

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Facility Name and Acclinic For Women - 3607	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						ncy termination	County of pregnancy termination MARION				
		•										
Patient's age** 27	Marri	ed □ Yes ■ No		nancy terminati 12/15/2017	on	Educat	tion		ollege, No Degree			
Race American Indian of Native Hawaiian of	or Othe	er Pacific Islander	Asian White	Black or Dother	Africa	nn American	Unknown	■ Not	y anic or Latino Hispanic or Latino			
Live Births:	ľ	Number now living	1				Number now		0			
Other Terminations	: N	Number of spontaneous	s terminations 0				Number of inc	luced termi	inations 1			
Dates of terminations 1. 08/27/2016		ot include this termina	tion. If more t	han six (6), tho	ose mo	st recent.)	5		6			
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	red:				Compli	cation(s) of Pregnancy Termination			
Yes N	lo						■	None	☐ Uterine Perforation			
					☐ Hemorrhage ☐ Cervical Laceration							
Fetus viable?	T_	If viable, medical r	eason for term	nination:					_			
Yes N	NO							Infection	Retained Products			
								Other (Spe	cify)			
Pathological examina performed?	ition	If yes, results:										
Yes N	No	CHORIONIC VILL	LI				Did th		on of pregnancy result in a maternal death?			
							☐ Ye					
				Type of T	Termin	ation Procedur	res					
Procedure that Termin	nated I	Pregnancy				Additional Pr	ocedure that Te	rminated P	regnancy			
						_						
Medical (Nonsur Medical (Nonsur	rgical)	Misoprostol				☐ Medical	(Nonsurgical) I (Nonsurgical) I	Misoprosto	ıl			
Medical (Nonsur	rgical)	Other (Specify)				Medical (Nonsurgical) Other (Specify)						
Medical (Surgical)	al) Suc	ction Curettage				☐ Medical	(Surgical) Suct	ion Curetta	age			
	al) Me	enstrual Aspiration				Medical	(Surgical) Men (Surgical) Other	strual Aspi	iration			
	ai) Ou	iei (specijy)				☐ Medicai	(Surgical) Out	н (зресцу)				
EM-4:1 (C:	1)	- 1 41 - C-11				For Medical (Surgical) procedures, answer the following question.						
For Medical (Surgica	ii) proc	edures, answer the foll	lowing questic	on.								
Was the fetus viable ☐ Yes ■		ve a post fertilization a	age at least 20	weeks?			us viable or hav Yes No	e a post fer	tilization age at least 20 weeks?			
If the previous question	on was	answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered y	es, complete the following questions.			
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given the bes	t opportuni	ity to survive?			
		tomologica di ed		had 100		_	_		that the macon art array 1 1 22			
that required the pro		termination that the pre te to avert death or serio				that required			that the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?				-		woman?						
Date last normal men	ses be	gan		Physician est	timate	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
	10	/31/2017				6			4			
	How were the gestational age and post fertilization age determined?											
SUNUGRAM	SONOGRAM											
Full name of physicia	n perf	Orming termination										
RAYMOND E. ROE	BINSO	N	.1 1 . :		. 1 •	I-)						
3607 WEST 16TH S	-	ming termination (nun ET STE. 20, INDIANA			ıa zıp	coae)						
		· · · · · · · · · · · · · · · · · · ·	·									
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre CLINIC FOR WOMEN - 3607 WE	ess Est 16th Street Suite B2,	INDIANAPOLIS, IN 4622	City or	town, of pregna	ncy termination		County of pregnancy termination MARION			
				1.						
32	arried ☐ Yes ■ No	Date of pregnancy	y termination 5/2017	Educa			ol Diploma or GE	D		
Race American Indian or A Native Hawaiian or C		= =	Black or Afri Other	can American	Unknown		nic or Latino Iispanic or Latino	Unknown		
Live Births:	Number now living	0			Number now d	eceased	0			
Other Terminations:	Number of spontaneou	us terminations			Number of ind	uced termir	nations 0			
Dates of terminations (D	Oo not include this termin	nation. If more than	six (6), those n	nost recent.)	5		6			
Fetus delivered alive?	If yes, length of ti	me fetus survived:				Complic	ation(s) of Pregnanc	y Termination		
☐ Yes ■ No					• 1	None	☐ Uterir	ne Perforation		
				☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for terminat	ion:	☐ Infection ☐ Retained Products						
						Other (Spec	ify)			
Pathological examination	n If yes, results:					outer (spec	937			
performed?	SAC & CHORIO	NIC VII I I								
■ Yes □ No	SAC & CHORIO	NIO VILLI			Did this			It in a maternal death?		
							-			
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurgic	cal) Mifepristone			☐ Medical	(Nonsurgical) N	//////////////////////////////////////	2			
Medical (Nonsurgic	cal) Misoprostol			☐ Medical	(Nonsurgical) Nonsurgical	/lisoprostol				
iviculcai (ivolisurgic	cai) Other (Speetyy)			Wiedicar	(Ivonsuigical)	other (Speci	<i>J J J</i>			
Medical (Surgical)Medical (Surgical)	Suction Curettage Menstrual Aspiration			☐ Medical	(Surgical) Sucti (Surgical) Mens	strual Aspir				
Medical (Surgical)	Other (Specify)			☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical) p	procedures, answer the fo	llowing question.		For Medical ((Surgical) proced	lures, answ	er the following que	stion.		
Was the fetus viable or ☐ Yes ■ N	r have a post fertilization No	age at least 20 week	ks?		us viable or have Yes	a post ferti	ilization age at least	20 weeks?		
If the previous question		lete the following q	uestions.	If the previou	s question was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv	vive?			us given the best Yes \(\sime\) No	opportunit	y to survive?			
	determination that the p	regnant woman had	a condition		_	mination th	nat the pregnant won	nan had a condition		
that required the proceed	dure to avert death or ser			that require			th or serious impairr			
woman?				woman?						
Date last normal menses	hegan	la l	nysician estimo	ate of gestation (i	n weeks)	Post for	tilization age of the	fetus (in weeks)		
Date last normal menses	UNKNOWN			6	n weeks)	1 031 101	4	iotas (m. weeks)		
How were the gestationa	al age and post fertilization	on age determined?								
SONOGRAM										
Full name of physician p										
RAYMOND E. ROBIN	SON									
Address of physician per 3607 WEST 16TH STR	=			p code)						
	·	· 								
**Date Reported to D	CS, if Patient under 1	4 (month, day, year	·):				_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Add		TH STREET SINTE DO IN	ancy termination	County	of pregnancy termination					
CLINIC FOR WOMEN - 3007 V	VEOL 16	SINEET SUITE B2, IP	IDIANAPULIS, IN	TVLLL	INDIAI	NAPOLIS		MARION		
Patient's age** 24	Married	i Yes • No		ancy termination	Educa	ntion	Unknow	n		
Race American Indian or Native Hawaiian or	Other	Pacific Islander	Asian White	■ Black or Afri □ Other	can American	Unknown	Ethnicity Hispanic or La Not Hispanic o			
Live Births:		ımber now living	4			Number now d	0)		
Other Terminations:		ımber of spontaneou	0			Number of ind	uced terminations)		
Dates of terminations (t include this termind				5		6		
Fetus delivered alive? Yes No		If yes, length of tir			4	1	Complication(s)	of Pregnancy Termination Uterine Perforation		
Fetus viable? Yes No		If viable, medical i	reason for term	nination:			Hemorrhage nfection	☐ Cervical Laceration ☐ Retained Products		
	,						Other (Specify)	Retained Froducts		
Pathological examination performed?	on	If yes, results:								
Yes No)	CHORIONIC VIL	LI			Did this		gnancy result in a maternal death?		
				Type of Term	ination Procedu	ires				
Procedure that Termina	ated Pr	egnancy			Additional P	rocedure that Ter	minated Pregnancy			
☐ Medical (Nonsurg	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Medical (Surgical) Medical (Surgical)) Men	strual Aspiration			☐ Medical	(Surgical) Sucti (Surgical) Mens (Surgical) Other	strual Aspiration			
For Medical (Surgical)	proce	dures, answer the fol	lowing questic	on.	For Medical	(Surgical) proceed	ures, answer the fol	lowing question.		
Was the fetus viable o ☐ Yes ■		e a post fertilization a	age at least 20	weeks?		tus viable or have Yes No	a post fertilization	age at least 20 weeks?		
If the previous question	ı was a	nnswered yes, comple	ete the followi	ng questions.	If the previou	us question was a	nswered yes, comple	ete the following questions.		
Was the fetus given the		t opportunity to survi	ive?			tus given the best Yes No	opportunity to survi	ive?		
What was the basis for that required the proc woman?								egnant woman had a condition ous impairment to the pregnant		
Date last normal mense	es bega	ın		Physician estima	ite of gestation (in weeks)	Post fertilization	age of the fetus (in weeks)		
	10/0	05/2017	n age doto-	-	6			4		
SONOGRAM	How were the gestational age and post fertilization age determined?									
Full name of ali-	Full name of physician performing termination									
RAYMOND E. ROBII Address of physician p	NSON	1	nhar and stree	t city state and zi	n code)					
3607 WEST 16TH ST		-			p coae)					
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION						
Patient's age**	Marri	ied	Date of pregnancy term	ination	Educat	tion						
30		Yes No	12/15/20				Hi	_	ol Diploma or (GED		
Race American Indian Native Hawaiian Live Births:	or Oth		☐ White ☐ Othe	k or African A	American	Unkno Number n		■ Not I	anic or Latino Hispanic or Latino	Unknown		
Other Termination	. 1	Number of spontaneou	1 as terminations			Number o	of indu	iced termi	0 nations			
		ot include this termin	1 ation. If more than six (6), those most	recent.)				0			
ı. 2015		2	3	4			5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					Complic	cation(s) of Pregn	ancy Termination		
							■ N	Ione	☐ Ut	erine Perforation		
Fetus viable?		If viable, medical	reason for termination:		Hemorrhage Cervical Laceration							
☐ Yes ■ 1	No				☐ Infection ☐ Retained Products							
					Other (Specify)							
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	CHORIONIC VIL	LI & FETAL PARTS			Di				esult in a maternal death?		
				165 [140								
			Туре	of Terminati	on Procedur	res						
Procedure that Term	Pregnancy	A	dditional Pr	ocedure that	at Terr	ninated Pr	regnancy					
☐ Medical (Nonsu	ırgical)	Mifepristone			Medical	(Nonsurgic	cal) M	lifepriston	e			
☐ Medical (Nonsu	ırgical)				Medical	(Nonsurgic (Nonsurgic	cal) M	lisoprostol	l			
		(~F3))		-								
Medical (Surgional Control ral) Su	ction Curettage		_F	7 Medical	(Surgical)	Suction	on Curetta	σe				
Medical (Surgio	cal) Me	enstrual Aspiration			Medical	(Surgical)	Mens	trual Aspi	ration			
Wiedicai (Surgio	<i>(</i> ai) Oi	ны (эресіуу)			☐ Medical (Surgical) Other (Specify)							
E M-di1 (Ci	-1)				M - 4:1 /	· · · · · · · · · · · · · · · · · · ·			4h - 6-11			
	_	cedures, answer the fo							ver the following o	-		
	■ No	ive a post tertifization	age at least 20 weeks?			res \[\] N		a post tert	tilization age at le	ast 20 weeks?		
If the previous quest	ion was	s answered yes, compl	lete the following question	ons. If	the previou	s question v	was aı	nswered ye	es, complete the f	ollowing questions.		
	n the be	est opportunity to surv	rive?			us given the Yes \[\] N		opportunit	ty to survive?			
			regnant woman had a con ious impairment to the pr							voman had a condition airment to the pregnant		
woman?	occuui	e to avert death of ser	ious impairment to the pr	-	woman?	a the procee	duic to	o avert dei	un or serious imp	arment to the pregnant		
Date last normal me		gan /09/2017	Physicia	an estimate of	gestation (i	n weeks)		Post fe	_	the fetus (in weeks)		
How were the gestat		ge and post fertilization	on age determined?		3			1		<i>.</i>		
Full name of physici												
Address of physician			mber and street, city, stat	te, and zip cod	de)							
3607 WEST 16TH	STREE	ET STE. 20, INDIAN	IAPOLIS, IN 46222									
**Date Reported t												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS ST 16TH STREET SUITE B2, INDIANAPOLIS, IN	City or		own, of pregnancy termination INDIANAPOLIS County of pregnancy MAR			
	<u>, </u>		r				
20	rarried Date of preg	nancy termination 12/15/2017	Educa			ol Diploma or GED	
Race American Indian or A Native Hawaiian or C	—	☐ Black or Afri☐ Other	can American	Unknown		nic or Latino ispanic or Latino	
Live Births:	Number now living 1			Number now o	leceased	0	
Other Terminations:	Number of spontaneous terminations	S		Number of ind	luced termin	ations	
Dates of terminations (De	o not include this termination. If more	than six (6), those n	nost recent.)			0	
1	2 3		4	5		6	
Fetus delivered alive? Yes No	If yes, length of time fetus surviv	ved:				ation(s) of Pregnancy Termination	
					None	Uterine Perforation	
Fetus viable?	If viable, medical reason for terr	nination:			Hemorrhage	☐ Cervical Laceration	
☐ Yes ■ No	,				Infection	☐ Retained Products	
Other (Specify)							
Pathological examination If yes, results:							
performed?							
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death ☐ Yes ■ No							
				10	S <u>- 110</u>		
		Type of Term	ination Procedu	res			
n 1 3 m 1	1 D	JF- 31 Zellii					
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Ter	rminated Pre	egnancy	
Medical (Nonsurgical Medical (Nonsurgical Nonsurgical Nons				(Nonsurgical) M (Nonsurgical) M			
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical /li>				(Nonsurgical) (fy)	
☐ Medical (Surgical)	Suction Curettage Menstrual Aspiration			(Surgical) Suct (Surgical) Men			
Medical (Surgical)				(Surgical) Othe			
For Medical (Surgical) pr	rocedures, answer the following questi	on.	For Medical ((Surgical) proced	dures, answe	er the following question.	
Was the fetus viable or	have a post fertilization age at least 20	weeks?	Was the fet	us viable or have	e a post ferti	lization age at least 20 weeks?	
Yes N		Weeks.		res No	o u post ieru	nearly age at reast 20 weeks	
If the previous question v	was answered yes, complete the follow	ing questions.	If the previou	s question was a	answered ye	s, complete the following questions.	
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive? To			us given the best Yes No	t opportunity	y to survive?	
What was the basis for	determination that the pregnant woman	n had a condition	What was th	ne basis for deter	rmination th	at the pregnant woman had a condition	
that required the proced	lure to avert death or serious impairme		that require			h or serious impairment to the pregnant	
woman?			woman?				
Date last normal menses	•	Physician estima	-	n weeks)	Post fer	tilization age of the fetus (in weeks)	
	10/30/2017 I age and post fertilization age determine	ned?	6			4	
SONOGRAM	abo and post forthization age ucteffill						
Full name of physician po	_						
RAYMOND E. ROBINS			7.				
	forming termination (number and street EET STE. 20, INDIANAPOLIS, IN		p code)				
**Data Barray 1/ D	CC if Detions and Land 14						
""Date Reported to De	CS, if Patient under 14 (month, day,	year):					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add	iress VEST 16TH STREET SUITE B2,	INDIANAPOI IS IN 46222	City or		ncy termination	County of pregnancy			
CEIRIO FOR WOINER - 3007 W	LOI IVIH SINEEL SUILE BZ,	INDIANAFULIO, IN 40222		INDIAN	NAPOLIS	MARI	ION		
Patient's age** 21	Married ☐ Yes ■ No	Date of pregnancy ter		Educa		Some College, No Degree			
Race American Indian or Native Hawaiian or		☐ Asian ☐ Bla☐ White ☐ Ott		an American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino	☐ Unknown		
Live Births:	Number now living	0			Number now d	0			
Other Terminations:	Number of spontaneou	0			Number of indu	ced terminations 0			
· ·	Do not include this termin		**	*	5.	6			
Fetus delivered alive? Yes No	If yes, length of ti	me fetus survived:			• N	Complication(s) of Pregnancy T	Perforation		
Fetus viable? ☐ Yes ■ No	·	reason for termination:				_	Laceration Products		
Pathological examination performed?	on If yes, results:					ther (Specify)			
Yes No Did this termination of pregnancy result in a maternal death? Yes No									
Type of Termination Procedures									
Procedure that Termina	ited Pregnancy	Туј	pe or renni			ninated Pregnancy			
■ Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)									
	Suction Curettage Menstrual Aspiration Other (Specify)			☐ Medical	(Surgical) Sucti (Surgical) Mens (Surgical) Other	trual Aspiration			
For Medical (Surgical)	procedures, answer the fo	ollowing question.		For Medical ((Surgical) proced	ures, answer the following question	on.		
Was the fetus viable o	or have a post fertilization No	age at least 20 weeks?			us viable or have Yes No	a post fertilization age at least 20	weeks?		
If the previous question	was answered yes, comp	elete the following quest	ions.	If the previou	s question was a	nswered yes, complete the followi	ng questions.		
Was the fetus given th ☐ Yes ☐	he best opportunity to surv No	vive?			us given the best Yes \(\Boxed{\square}\) No	opportunity to survive?			
	or determination that the p edure to avert death or ser					mination that the pregnant woman o avert death or serious impairmer			
Date last normal mense	es began	Physic	cian estimat	e of gestation (i	in weeks)	Post fertilization age of the fet	us (in weeks)		
	11/02/2017			6	•	4			
SONOGRAM	nal age and post fertilization	on age ucterningen?							
RAYMOND E. ROBII									
	erforming termination (nu REET STE. 20, INDIAN		ate, ana zip	coae)					
**Date Reported to 1	**Date Reported to DCS, if Patient under 14 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre CLINIC FOR WOMEN - 3607 WE	SS ST 16TH STREET SUITE B2, INDIANAPOLIS, IN	City or	town, of pregnancy termination County INDIANAPOLIS			County of pregnancy termination MARION			
			•						
22	inica	nancy termination 12/15/2017	Educat			l Diploma or GED			
Race American Indian or A Native Hawaiian or O	~ ~	■ Black or Afri □ Other	can American	Unknown		iic or Latino 🔲 Unknown			
Live Births:	Number now living			Number now d	umber now deceased				
Other Terminations:	Number of spontaneous terminations	3		Number of ind	uced termina	ations			
Dates of terminations (De	o not include this termination. If more	than six (6), those n	nost recent.)			0			
1	2 3		4	5		6			
Fetus delivered alive? Yes No	If yes, length of time fetus surviv	ved:			Complica None	tion(s) of Pregnancy Termination Uterine Perforation			
Fetus viable?	If viable, medical reason for term		Hemorrhage	☐ Cervical Laceration					
☐ Yes ■ No				I	Infection	☐ Retained Products			
☐ Other (Specify)									
Pathological examination If yes, results:									
performed?									
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death' ☐ Yes ■ No									
					5 🔲 110				
		Type of Term	ination Procedur	res					
Procedure that Terminate	od Pregnancy		Additional De	ocedure that Ter	minated Dra	gnancy			
			Additional Fi	ocedure mai rei	illillated F1e	gnancy			
Medical (Nonsurgical Medical (Nonsurgical Medical (Nonsurgical Medical /li>				(Nonsurgical) N (Nonsurgical) N					
Medical (Nonsurgical				(Nonsurgical) (y)			
— M I: 1/0 : 1)	g .: G			(G : 1) G ::					
☐ Medical (Surgical) 3 ☐ Medical (Surgical) 3	Suction Curettage Menstrual Aspiration			(Surgical) Sucti (Surgical) Mens					
☐ Medical (Surgical)	Other (Specify)			(Surgical) Othe					
For Medical (Surgical) pr	rocedures, answer the following question	on.	For Medical (Surgical) proced	dures, answe	r the following question.			
was the fetus viable or Yes N	have a post fertilization age at least 20 lo	weeks?		is viable of have Yes \square No	e a post tertii	ization age at least 20 weeks?			
If the previous question v	was answered yes, complete the following	ing questions.	If the previou	s question was a	inswered yes	, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best	opportunity	to survive?			
What was the basis for	determination that the pregnant woman	n had a condition	What was #	ne hasis for data	rmination the	at the pregnant woman had a condition			
	lure to avert death or serious impairment					n or serious impairment to the pregnant			
woman?			woman?						
Date last normal menses	•	Physician estima	-	n weeks)	Post fert	ilization age of the fetus (in weeks)			
	10/28/2017	2049	7			5			
_	age and post fertilization age determine	ied!							
	SONOGRAM								
Full name of physician po	Full name of physician performing termination								
RAYMOND E. ROBINS	SON								
	forming termination (number and street EET STE. 20, INDIANAPOLIS, IN	-	p code)						
JUUI WESI IOIN SIK	LLI SIE. 20, INDIANAPULIS, IN	70444							
**Date Reported to Do	CS, if Patient under 14 (month, day,	year):							

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Facility Name and Addr CLINIC FOR WOMEN - 3607 WI	ess Est 16th Street Suite B2, I	INDIANAPOLIS, IN 46222	City or town,		ncy termination		County of pregnand	cy termination	
38	arried Yes No	Date of pregnancy term 12/15/20		Educat			ol Diploma or GE	D	
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blace ■ White ☐ Other	ck or African An	nerican	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	Number now living	4			Number now de	mber now deceased 0			
Other Terminations:	Number of spontaneou	us terminations 0			Number of indu	uced termin	nations		
Dates of terminations (<i>L</i>	Oo not include this termin	<u>*</u>	(i), those most rec	cent.)	5.		6		
Fetus delivered alive?	If yes, length of ti	me fetus survived:	···			Complic	ration(s) of Pregnanc	y Termination	
☐ Yes ■ No					■ N	None	☐ Uterir	ne Perforation	
			_ F	Hemorrhage	e 🔲 Cervi	cal Laceration			
Fetus viable? ☐ Yes ■ No	If viable, medical		nfection	— Retair	ned Products				
			_	ied Froducts					
Pathological examinatio	n If yes, results:					Other (Spec	<i>(1)</i> (1)		
performed?									
Yes No					Did this			It in a maternal death?	
							•		
		Type	e of Termination	Procedur	es				
Procedure that Terminat	ad Pragnancy	J.F.			ocedure that Terr	minated Dr.	agnangy		
	•						•		
Medical (NonsurgionMedical (Nonsurgion	cal) Misoprostol			Medical	(Nonsurgical) M (Nonsurgical) M	Iisoprostol			
☐ Medical (Nonsurgio	cal) Other (Specify)			Medical	(Nonsurgical) O	ther (Speci	ify)		
Medical (Surgical)					(Surgical) Suction				
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Mens (Surgical) Other		ration		
For Medical (Surgical) r	procedures, answer the fo	llowing question.		Medical (Surgical) proced	ures, answ	er the following que	stion.	
	r have a post fertilization						ilization age at least		
Yes 1		age at least 20 weeks:			es No	a post tert.	mzation age at least	20 weeks:	
If the previous question	was answered yes, comp	lete the following question	ons. If th	ne previous	s question was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus given the	e best opportunity to surv	vive?	W		is given the best	opportunit	y to survive?		
	determination that the p	reonant woman had a co	ndition W	_	-	mination th	nat the pregnant won	nan had a condition	
that required the proce	dure to avert death or ser		regnant tha	at required			th or serious impairs		
woman?			wo	oman?					
						1			
Date last normal menses	s began 11/01/2017	Physici	an estimate of ge	estation (ii 7	n weeks)	Post fer	rtilization age of the 5	fetus (in weeks)	
How were the gestationa	al age and post fertilization	on age determined?		<u>-</u>					
SONOGRAM									
Full name of physician p RAYMOND E. ROBIN									
	rforming termination (nu	mber and street, city, sta	te, and zip code))					
3607 WEST 16TH STF	REET STE. 20, INDIAN	IAPOLIS, IN 46222							
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year):					-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					City or t	r town, of pregnancy termination Co INDIANAPOLIS			County of pregna	ncy termination ARION	
Patient's age** 26	Maı	ried Yes I No	Date of pregr	nancy termina 12/15/2017		Educat	tion		ociate Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ White	Black of Other	or Africa	an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	2				Number now d	mber now deceased 0			
Other Termination	ıs:	Number of spontaneou	s terminations				Number of ind	uced termi	nations 1		
Dates of termination	is (Do	not include this termino	ation. If more i			ost recent.)	5		6		
Fetus delivered alive	e?	If yes, length of tir						Complic	cation(s) of Pregnan	cy Termination	
☐ Yes ■	No						• 1	None	Uter	ine Perforation	
								Hemorrhag	e 🗌 Cerv	rical Laceration	
Fetus viable? If viable, medical reason for termination:							n	nfection	□ Reta	ined Products	
Li les 🕒 No								Other (Spec			
Pathological examin	ation	If yes, results:						Juiei (Spec	Lify)		
performed?											
☐ Yes ■ No ☐ Did this termination of pregnancy result in a materna ☐ Yes ■ No							ult in a maternal death?				
				Type of	f Termir	nation Procedur	es				
Procedure that Term	inated	l Pregnancy		71			ocedure that Ter	minated Pr	reanancy		
						_					
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsurgical) N (Nonsurgical) N	/lisoprostol	1		
Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsurgical) (Other (Spec	rify)		
		uction Curettage					(Surgical) Sucti				
Medical (Surgio		Ienstrual Aspiration Other (Specify)					(Surgical) Mens (Surgical) Othe		ration		
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing question	on.		For Medical (Surgical) proced	lures, answ	ver the following qu	estion.	
Was the fetus viab	le or l	nave a post fertilization	age at least 20	weeks?					tilization age at leas		
☐ Yes [_	res No				
If the previous quest	ion w	as answered yes, compl	ete the followi	ing questions		If the previou	s question was a	nswered y	es, complete the fol	lowing questions.	
	n the	best opportunity to surv	ive?				us given the best Yes \text{No}	opportuni	ty to survive?		
		etermination that the pr								man had a condition	
that required the property woman?	rocedi	ire to avert death or seri	ous impairme	nt to the preg	nant	that required woman?	d the procedure t	o avert dea	ath or serious impai	rment to the pregnant	
Date last normal me	nses h	egan		Physician	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)	
	1	0/20/2017				6	,		4	(1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
How were the gestat	ional	age and post fertilizatio	n age determir	ned?							
SUNUGRAM											
		rforming termination									
RAYMOND E. RO				d alter -: :	au 1 ·	2012)					
	-	orming termination (nun EET STE. 20, INDIAN			ana zıp	coae)					
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·								
**Date Reported t	to DC	S, if Patient under 14	1 (month, day,	year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Addre	SS ST 16TH STREET SUITE B2, INDIANAPOLIS,	N 46222 City or		town, of pregnancy termination County of pregnancy INDIANAPOLIS MAR					
			<u>, </u>						
17	Date of preg	gnancy termination 12/16/2017	Education	9th-12	th, No Diploma				
Race American Indian or A Native Hawaiian or O	—	☐ Black or Afri ☐ Other	_		y anic or Latino Hispanic or Latino				
Live Births:	Number now living)	1	Number now deceased	imber now deceased 0				
Other Terminations:	Number of spontaneous termination		I	Number of induced termi	mber of induced terminations				
Dates of terminations (Da	o not include this termination. If more	than six (6), those n	nost recent.)		0				
1	2 3		4	5	6				
Fetus delivered alive? Yes No	If yes, length of time fetus surv	ived:		Complice None	cation(s) of Pregnancy Termination Uterine Perforation				
		Hemorrhag	re						
Fetus viable?	_								
☐ Yes ■ No				☐ Infection	Retained Products				
☐ Other (Specify)									
Pathological examination If yes, results:									
performed? Performed? CHORIONIC VILLI & FETAL PARTS CHORIONIC VILLI & FETAL PARTS Did this termination of pregnancy result in a maternal deal year. Yes No									
		Type of Term	ination Procedures	S					
Procedure that Terminate	ed Pregnancy		Additional Proc	cedure that Terminated Pr	regnancy				
			1_	dditional Procedure that Terminated Pregnancy					
☐ Medical (Nonsurgica☐ Medical (Nonsurgica☐ Medical (Nonsurgica☐ Medical (Nonsurgica☐ Medical (Nonsurgica☐ Medical (Nonsurgica☐ Medica☐ Medica☐ (Nonsurgica☐ al) Misoprostol		 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 							
Medical (Surgical) S Medical (Surgical) S Medical (Surgical) O	Menstrual Aspiration		☐ Medical (S	Surgical) Suction Curetta Surgical) Menstrual Aspi Surgical) Other (Specify)	ration				
For Medical (Surgical) pr	rocedures, answer the following quest	ion.	For Medical (So	urgical) procedures, answ	ver the following question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 2	0 weeks?		viable or have a post feres No	tilization age at least 20 weeks?				
	was answered yes, complete the follow	ving questions.		_	es, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			given the best opportuni	ty to survive?				
		in had a J''		_	hat the present recent to 100				
	determination that the pregnant woma lure to avert death or serious impairm				hat the pregnant woman had a condition ath or serious impairment to the pregnant				
			1						
Date last normal menses	began 10/30/2017	Physician estima	te of gestation (in 7	weeks) Post fe	ertilization age of the fetus (in weeks) 5				
	age and post fertilization age determ	ined?		L					
J. J. J. J. J. J. J. J. J. J. J. J. J. J									
Full name of physician po	=								
	forming termination (number and stree EET STE. 20, INDIANAPOLIS, IN	-	p code)						
		- ·							
**Date Reported to DO	CS, if Patient under 14 (month, day	y, year):			_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS ST 16TH STREET SUITE B2, INDIANAPOLIS, IN		wn, of pregnancy termination INDIANAPOLIS County of pregnancy termina MARION						
ا تاسان ور در ا	15.0		I = 1 ·						
25	inica	nancy termination	Education	Ass	sociate Degree				
Race American Indian or A Native Hawaiian or O		■ Black or Afric			ty panic or Latino Hispanic or Latino				
Live Births:	Number now living 1			Number now deceased	0				
Other Terminations:	Number of spontaneous terminations	3		Number of induced term	-				
Dates of terminations (De	o not include this termination. If more	than six (6), those n	nost recent.)		•				
1	23		4	5	6				
Fetus delivered alive? Yes No	If yes, length of time fetus surviv	ved:		Compl	lication(s) of Pregnancy Termination				
			■ None	☐ Uterine Perforation					
Fetus viable?	If viable, medical reason for term		Hemorrha	ge Cervical Laceration					
Yes No	, measear reason for term			☐ Infection	☐ Retained Products				
				Other (Sp	ecify)				
Pathological examination If yes, results:									
performed?									
■ Yes No CHORIONIC VILLI & FETAL PARTS Did this termination of pregnancy result in a maternal dea □ Yes No									
		Type of Term	ination Procedure	·s					
Procedure that Terminate	od Pregnancy	J		cedure that Terminated	Pregnancy				
			l						
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica			Medical (I	Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol					
Medical (Nonsurgica				Nonsurgical) Other (Spe					
Medical (Surgical) S			Medical (S	Surgical) Suction Curet	tage				
	Menstrual Aspiration		☐ Medical (S	Surgical) Menstrual Asp Surgical) Other (Specify	piration				
(Surgioni)	· · · · · · · · · · · · · · · · · · ·			g, - and (opecty)	,				
For Madical (Sympical)	racaduras, anervar tha fall arring at		For Medical (S	urgical) procedures	war the following question				
	rocedures, answer the following question		,		wer the following question.				
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20 to	weeks?		s viable or have a post fees \text{No}	ertilization age at least 20 weeks?				
If the previous question v	was answered yes, complete the follow	ing questions.	If the previous	question was answered	yes, complete the following questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			s given the best opportures \text{No}	nity to survive?				
What was the basis for	determination that the pregnant woman	n had a condition	What was the	e basis for determination	that the pregnant woman had a condition				
	lure to avert death or serious impairme				eath or serious impairment to the pregnant				
woman?			woman?						
Date last normal menses	began 10/01/2017	Physician estima	te of gestation (in	weeks) Post	fertilization age of the fetus (in weeks) 6				
	age and post fertilization age determine	ned?	<u> </u>		•				
SONOGRAM									
Full name of physician po									
	forming termination (number and stree	et, city, state, and zip	o code)						
3607 WEST 16TH STR	EET STE. 20, INDIANAPOLIS, IN	46222							
**Date Reported to Do	CS, if Patient under 14 (month, day,	year):			_				

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Facility Name and Address CINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222 City					•	r town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION	
						T				
Patient's age** 25	Marr	ied Yes No	Date of pregnand	cy terminat /16/2017	tion	Educa	tion		ool Diploma or GED	
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	Black or Other	African Ame	erican		known No	ity panic or Latino 1 Hispanic or Latino	
Live Births:		Number now living	2				Numb	er now deceased	0	
Other Termination	5.	Number of spontaneo	0				Numb	per of induced terr	ninations 1	
Dates of termination 1. 2015	s (Do r	not include this termin	•		ose most rece	ent.)		5	6	
Fetus delivered alive		If yes, length of ti	me fetus survived:	:				Comp	lication(s) of Pregnancy Termination	
☐ Yes ■ 1	No					■ None ☐ Uterine Perforation				
Fetus viable?		If viable medical	reason for termina	ation:				☐ Hemorrha	age Cervical Laceration	
☐ Yes ■ No							☐ Infection ☐ Retained Products			
							Other (Specify)			
Pathological examination performed? If yes, results:										
Performed: ■ Yes □ No CHORIONIC VILLI							Did this termina	tion of pregnancy result in a maternal death?		
Type of Termination Procedures						res				
Procedure that Term	inated	Pregnancy			Addi	tional Pr	ocedure	e that Terminated	Pregnancy	
☐ Medical (Nonsu						☐ Medical (Nonsurgical) Mifepristone				
☐ Medical (Nonsu ☐ Medical (Nonsu		Misoprostol Other (Specify)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)				
Medical (Surgional Control								al) Suction Curet		
☐ Medical (Surgion Med		enstrual Aspiration her (Specify)						al) Menstrual As al) Other (Specify		
For Medical (Surgic	al) prod	cedures, answer the fo	ollowing question.		For N	Medical (Surgica	al) procedures, ans	swer the following question.	
	le or ha	nve a post fertilization	age at least 20 we	eks?	Wa	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No				
_	_	s answered yes, comp	elete the following	questions.	If the	_		_	yes, complete the following questions.	
Was the fetus gives ☐ Yes [est opportunity to sur	vive?		Wa		us giver Yes [n the best opportu	nity to survive?	
		termination that the p	regnant woman ha	nd a conditi	on Wh	at was tl	ne basis	for determination	that the pregnant woman had a condition	
that required the pro- woman?	ocedur	re to avert death or ser	rious impairment to	o the pregn		require man?	d the pr	ocedure to avert d	eath or serious impairment to the pregnant	
Date last normal me		•	P	Physician e	stimate of ges		n weeks	s) Post	fertilization age of the fetus (in weeks)	
How were the gestat		NKNOWN ge and post fertilization	on age determined	?	7	7			5	
SONOGRAM										
Full name of physici RAYMOND E. RO	-	-								
Address of physician 3607 WEST 16TH	-	rming termination (nu			nd zip code)					
OUT WEST TOTAL	OINE	L. 01 L. 20, INDIAI	TAI OLIO, IIV 402							
**Date Reported t	o DCS	S, if Patient under 1	4 (month, day, yea	ar):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Addre CLINIC FOR WOMEN - 3607 WE	City or to	or town, of pregnancy termination INDIANAPOLIS			County of pregnand	cy termination			
				1					
17	arried Yes No	Date of pregnancy term 12/16/20		Educat			ol Diploma or GE	D	
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Bla ■ White ☐ Oth		an American	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	Number now living	0			Number now d	Number now deceased 0			
Other Terminations:	Number of spontaneou				Number of ind	uced termin			
Dates of terminations (De	 o not include this termin	ation. If more than six (6), those mo	ost recent.)			0		
1	2	3		1	5		6		
Fetus delivered alive? Yes No	If yes, length of tin	ne fetus survived:				Complic	cation(s) of Pregnanc	y Termination	
						None	☐ Uterir	ne Perforation	
Fetus viable?	If viable, medical	reason for termination:	☐ Hemorrhage ☐ Cervical Laceration						
Yes No					nfection	☐ Retain	ned Products		
						Other (Spec	cify)		
Pathological examination	n If yes, results:								
performed?	CHORIONIC VIL	LI & FETAL PARTS			Pildi (i i i i i i i i i i i i i i i i i i				
■ Yes No CHORIONIC VILLI & FETAL PARTS Did this termination of pregnancy result in a maternal deal Yes No								it in a maternal death?	
		Тур	e of Termin	nation Procedur	res				
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure that Ter	minated Pr	regnancy		
							•		
☐ Medical (Nonsurgical Medical (Nonsurgical Nonsurgical Nonsurgic	al) Misoprostol				(Nonsurgical) N (Nonsurgical) N	/lisoprostol			
☐ Medical (Nonsurgical	al) Other (Specify)			☐ Medical	(Nonsurgical) (Other (Spec	ify)		
Medical (Surgical)					(Surgical) Sucti				
Medical (Surgical) Medical (Surgical)	Menstrual Aspiration Other (Specify)				(Surgical) Men (Surgical) Othe		ration		
For Medical (Surgical) p	rocaduras, answar the fol	lowing question		For Medical (Surgical) proced	lurge anew	er the following que	etion	
Was the fetus viable or ☐ Yes ■ N	have a post fertilization No	age at least 20 weeks?			is viable or have les □ No	a post fert	ilization age at least	20 weeks?	
If the previous question v	was answered ves. compl	ete the following questi	ons.	If the previou	s question was a	nswered ve	es, complete the follo	wing questions.	
1				•	•	•	•	& 1 · · · · ·	
Yes N	e best opportunity to surv Io	ive:			is given the best les ☐ No	оррогини	y to survive?		
What was the basis for	determination that the pr	egnant woman had a co	ondition	What was th	ne basis for deter	mination tl	hat the pregnant won	nan had a condition	
that required the proceed woman?	dure to avert death or seri	ous impairment to the p	oregnant	that required woman?	d the procedure	o avert dea	th or serious impairr	ment to the pregnant	
woman.				woman.					
Deta law 1	h	l ni ·		-f · · · · · ·		I D . C		Setura (in 1)	
Date last normal menses	began 09/28/2017	Physic	ıan estimate	e of gestation (in	n weeks)	Post fe	rtilization age of the	ietus (<i>in weeks)</i>	
How were the gestational	l age and post fertilizatio	n age determined?							
SONOGRAM									
Full name of physician p									
Address of physician per		nber and street, city, sto	ate, and zip	code)					
3607 WEST 16TH STR	-								
**Date Reported to D	CS, if Patient under 14	1 (month, day, year):					_		

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Facility Name and Addre CLINIC FOR WOMEN - 3607 WE	City or	town, of pregna	ncy termination	n	County of pregnan	cy termination ARION			
19	rried Yes No	Date of pregnancy to 12/16/		Educa			ool Diploma or GE	D	
Race American Indian or A Native Hawaiian or O		= =	Black or Afric Other	can American	Unknown		y anic or Latino Hispanic or Latino	Unknown	
Live Births:	Number now living	0			Number now	umber now deceased 0			
Other Terminations:	Number of spontaneou	s terminations			Number of in	duced termi	nations 0		
Dates of terminations (De	not include this termine	ation. If more than six	x (6), those m	nost recent.)			<u> </u>		
1		3		4	5		6		
Fetus delivered alive? Yes No	If yes, length of tin	ne fetus survived:				Compli	cation(s) of Pregnanc	y Termination	
					None	☐ Uterii	ne Perforation		
Fetus viable?	If viable, medical	reason for termination			Hemorrhag	ge 🔲 Cervi	cal Laceration		
☐ Yes ■ No				Infection	☐ Retain	ned Products			
				Other (Spe	cify)				
Pathological examination	If yes, results:								
performed?								It is a maternal death?	
■ Yes No SAC & CHORIONIC VILLI Did this termination of pregnancy result in a maternal deal of the property of the								it in a maternal death?	
		T	ype of Term	ination Procedu	es				
Procedure that Terminate	d Pregnancy			Additional Pr	ocedure that To	erminated P	regnancy		
☐ Medical (Nonsurgica					(Nonsurgical)				
☐ Medical (Nonsurgica	al) Misoprostol				(Nonsurgical)	Misoprosto	1		
☐ Medical (Nonsurgical	al) Other (Specify)			☐ Medical	(Nonsurgical)	Other (Spec	cify)		
Medical (Surgical)					(Surgical) Suc				
☐ Medical (Surgical) I☐ Medical (Surgical) ☐					(Surgical) Me (Surgical) Oth				
For Medical (Surgical) pr	rocedures answer the fol	lowing question		For Medical (Surgical) proce	edures answ	ver the following que	 stion	
			2						
was the fetus viable or ☐ Yes ■ N	have a post fertilization o	age at least 20 weeks	!		us viable of hav Yes \text{No}	e a post ter	tilization age at least	20 weeks?	
If the previous question v	vas answered yes, compl	ete the following que	stions.	If the previou	s question was	answered y	es, complete the follo	owing questions.	
•	best opportunity to surv	• •			us given the be	·	•	0.1	
Yes N		ive:			res No	st оррогин	ty to survive:		
	determination that the pr						hat the pregnant won		
that required the proced woman?	ure to avert death or seri	ous impairment to the	e pregnant	that required woman?	d the procedure	to avert de	ath or serious impair	nent to the pregnant	
Data last names 1	hagan	l mi	violan anti	to of gostoties (n wasta)	De-4 C	optilization asf.41	fotus (in al.a)	
Date last normal menses	began 10/29/2017	Pnys	acian esuma	te of gestation (i	n weeks)	Post fe	ertilization age of the	icius (in weeks)	
How were the gestational	age and post fertilizatio	n age determined?				1			
SONOGRAM									
Full name of physician pe									
Address of physician peri		nber and street, city,	state, and zip	code)					
3607 WEST 16TH STR	EET STE. 20, INDIAN	APOLIS, IN 46222							
**Date Reported to Do	CS, if Patient under 14	4 (month, day, year):					_		

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Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222 City O.					ty or t	or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION
Patient's age**		d T	Date of pregn	nancy terminati	ion	Educat	tion		
34	_	Yes No		12/16/2017					nelor's Degree
Race American Indian or Native Hawaiian or	Other	_	Asian White	Black or Other	Africa	an American	Unknown Number now d	■ Not l	y anic or Latino Hispanic or Latino
Live Births:		umber of spontaneous	0 terminations				Number of ind		0 nations
Other Terminations: Dates of terminations (1)			2		250 1110	0			
I. UNKNOWN		UNKNOWN	3	nan six (0), inc	·	981 recent.) 4	5		6
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	red:				Compli	cation(s) of Pregnancy Termination
☐ Yes ■ No								None	☐ Uterine Perforation
Fetus viable? If viable, medical reason for termination:								Hemorrhag	e Cervical Laceration
								☐ Retained Products	
☐ Other (Specify)								cify)	
Pathological examination performed?									
Yes No CHORIONIC VILLI Did this termination of pregnancy result in a maternal deat									
☐ Yes ■ No							0		
				Type of T	Termir	nation Procedur	res		
Procedure that Termina	atad Dr	ragnancy		Type of 1	CIIIII		ocedure that Ter	minated D	ragnancy
		•				_			
Medical (Nonsurgi	ical)	Misoprostol				☐ Medical	(Nonsurgical) N (Nonsurgical) N	// disoprosto	1
Medical (Nonsurgi	icai) (Otner (Specify)				☐ Medicai	(Nonsurgical) (otner (Spec	יוקצי)
Medical (Surgical) Medical (Surgical)) Men	strual Aspiration					(Surgical) Sucti (Surgical) Men	strual Aspi	ration
Medical (Surgical)) Othe	er (Specify)				☐ Medical	(Surgical) Othe	r (Specify)	
For Medical (Surgical)			0 1						ver the following question.
Was the fetus viable o ☐ Yes ■		e a post fertilization a	age at least 20	weeks?			us viable or have Yes 🔲 No	a post fer	tilization age at least 20 weeks?
If the previous question	ı was a	answered yes, comple	ete the following	ng questions.		If the previou	s question was a	nswered y	es, complete the following questions.
Was the fetus given th		t opportunity to survi	ve?				us given the best	opportuni	ty to survive?
☐ Yes ☐						_	Yes No		
What was the basis fo that required the proce									hat the pregnant woman had a condition ath or serious impairment to the pregnant
woman?						woman?			
				T =					
Date last normal mense	_	an 28/2017		Physician es	tımate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 4
How were the gestation	nal age	e and post fertilization	n age determin	ied?				·	
SONOGRAM									
Full name of physician	Full name of physician performing termination								
RAYMOND E. ROBIN	NSON	N .							
Address of physician po 3607 WEST 16TH ST		-			ıd zip	code)			
**Date Reported to I	**Date Reported to DCS, if Patient under 14 (month, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addre	SS ST 16TH STREET SUITE B2, INDI.	ANAPOLIS, IN 46222	City or town, of pregn	ancy termination				
1 5 d and 1	Т =	6	. 1 = 2	.•		1		
21	urried D Yes No	ate of pregnancy terminates 12/16/2017				l Diploma or GED		
Race American Indian or A Native Hawaiian or O	ther Pacific Islander	Asian Black of White Other	or African American	Unknown	Not Hi	nic or Latino 🔲 Unknown		
Live Births:	Number now living	1		Number now d	mber now deceased			
Other Terminations:	Number of spontaneous to			Number of ind	nber of induced terminations			
Dates of terminations (De	 o not include this terminatio	on. If more than six (6), t	those most recent.)	1		V		
L	2	_ 3	4	5		6		
Fetus delivered alive? Yes No	If yes, length of time	fetus survived:			Complica	tion(s) of Pregnancy Termination		
				1	None	☐ Uterine Perforation		
Fetus viable?	If viable, medical rea	son for termination		I	Hemorrhage	☐ Cervical Laceration		
Yes No	ii viaule, illeuleai rea	son for termination:			nfection	☐ Retained Products		
					Other (Snecis	fv)		
Pathological examination If yes, results:								
performed?								
■ Yes No CHORIONIC VILLI Did this termination of pregnancy result in a maternal dea Yes No								
	I							
		Type of	f Termination Procedu	ıres				
D 1 3 2 2	1.0	туре о						
Procedure that Terminate			Additional F	rocedure that Ter	minated Pre	gnancy		
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica				(Nonsurgical) M				
Medical (Nonsurgical				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)				
Medical (Surgical) S	Suction Curettage			(Surgical) Sucti	on Curettage	e		
☐ Medical (Surgical) 1	Menstrual Aspiration		☐ Medica	(Surgical) Mens	strual Aspira			
☐ Medical (Surgical) (Ouier (Specify)		Medica	(Surgical) Other	i (Specify)			
For Medical (Surgical) pr	rocedures, answer the follow	wing question.	For Medical	(Surgical) proced	lures, answe	r the following question.		
	have a post fertilization age	e at least 20 weeks?			a post fertil	ization age at least 20 weeks?		
Yes N	o vas answered yes, complete	the following questions		Yes No	nswered vec	, complete the following questions.		
•	best opportunity to survive	• •		tus given the best	·			
Was the fetus given the ☐ Yes ☐ N		:		Yes No	оррогини	to survive:		
	determination that the pregr					at the pregnant woman had a condition		
that required the proced woman?	lure to avert death or serious	s impairment to the preg	mant that require woman?	a me procedure t	o avert death	h or serious impairment to the pregnant		
Date last normal menses	began	Physician	estimate of gestation	in weeks)	Post fert	ilization age of the fetus (in weeks)		
	10/31/2017		6			4		
_	l age and post fertilization a	ge determined?						
SONOGRAM								
T. 11								
Full name of physician por RAYMOND E. ROBINS	_							
	forming termination (number	er and street, city, state,	and zip code)					
3607 WEST 16TH STR	EET STE. 20, INDIANAF	POLIS, IN 46222						
**Date Reported to Do	CS, if Patient under 14 (r	nonth, day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A		S T 16TH STREET SUITE B2,	INDIANAPOLIS, IN 46222	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION			
Patient's age**	Mari	ried	Date of pregnancy term	ination	Educat	tion						
25	iviaii	Yes No	12/16/20				Н	_	ol Diploma or G	ED		
Race American Indian Native Hawaiian Live Births:	or Otl		■ White ☐ Othe		n American	Unkr		■ Not I	anic or Latino Hispanic or Latino	Unknown		
Other Termination	e•	Number of spontaneou	us terminations			Number	r of ind	uced termi				
		not include this termin	oation. If more than six (6)), those mo	st recent.)				1			
1. UNKNOWN		2	3	4.	·		_ 5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:					Compli	cation(s) of Pregnan	ncy Termination		
							■ N	None	Ute	rine Perforation		
Fetus viable?		If viable, medical	reason for termination:				☐ F	Hemorrhag	e 🗌 Cer	vical Laceration		
☐ Yes ■	No							nfection	Reta	nined Products		
					Other (Specify)							
Pathological examin performed?	ation	If yes, results:										
Yes •	No									sult in a maternal death?		
							☐ Yes	s I N	0			
		of Termina	ation Procedur	es								
Procedure that Term	inated	Pregnancy			Additional Pr	ocedure t	hat Ter	minated Pr	regnancy			
Medical (Nonsu	ırgical) Mifepristone			☐ Medical	(Nonsurg	rical) M	lifepriston	e			
Medical (Nonsu		Medical	(Nonsurg	gical) M	1isoprosto	1						
- Wedlear (Tvonse	ngicai) Giller (Specify)			Medical (Nonsurgical) Other (Specify)							
	1) 0					/G : 1	\ q .:					
☐ Medical (Surgio	cal) M	action Curettage lenstrual Aspiration			Medical	(Surgical)) Mens	on Curetta strual Aspi	ge ration			
Medical (Surgio	cal) O	ther (Specify)			☐ Medical	(Surgical)) Other	r (Specify)				
					_							
For Medical (Surgical	al) pro	cedures, answer the fo	llowing question.		For Medical (Surgical)	proced	lures, answ	ver the following qu	nestion.		
Was the fetus viab ☐ Yes [_		age at least 20 weeks?			ıs viable d Yes 🔲		a post fert	tilization age at leas	st 20 weeks?		
If the previous quest	ion wa	as answered yes, comp	lete the following question	ons.	If the previou	s question	n was a	nswered ye	es, complete the fol	llowing questions.		
	n the b	pest opportunity to surv	vive?			ıs given t ∕es □		opportuni	ty to survive?			
			regnant woman had a con ious impairment to the pr							oman had a condition rment to the pregnant		
Date last normal me	nses b	egan	Physicis	an estimate	of gestation (i	n weeks)		Post fe	ertilization age of th	e fetus (in weeks)		
	1	0/23/2017		commate	7	,,,,,,		1 031 10	5			
How were the gestat SONOGRAM	ional a	age and post fertilization	on age determined?									
Full name of physici RAYMOND E. RO												
	-	orming termination (nu	mber and street, city, stat	te, and zip o	code)							
0001 11201 10111	O11112	21 012. 20, 112	7.1. O2.10, 111 10222									
**Date Reported t	to DC	S, if Patient under 1	4 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add		INDIANAPOLIS IN 46000	town, of pregna	ancy termination	County of pregnancy term	ination			
CLINIC FOR WOWEN - 3607 V	VEST 16TH STREET SUITE B2,	, IIIDIANAPULIS, IN 46222		INDIAN	NAPOLIS	MARION			
Patient's age** 21	Married ☐ Yes ■ No	Date of pregnancy te		Educa	tion	Bachelor's Degree			
Race American Indian or Native Hawaiian or	Other Pacific Islander	Asian B White O		an American	Unknown		Unknown		
Live Births:	Number now living	0			Number now de	0			
Other Terminations:	Number of spontaneo	0			Number of indu	ced terminations 0			
· ·	Do not include this termin	V		,	5.	6			
Fetus delivered alive? Yes No	If yes, length of t	ime fetus survived:			■ N	Complication(s) of Pregnancy Term	ination		
Fetus viable? Yes No	,	l reason for termination	:		_	femorrhage			
Pathological examination	on If yes, results:					other (Specify)			
performed? ☐ Yes ■ No					Did this ☐ Yes	termination of pregnancy result in a n No	naternal death?		
		Tv	pe of Termi	nation Procedur	res				
Procedure that Termina	ated Pregnancy		r : :: remin			ninated Pregnancy			
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)									
	Suction Curettage Menstrual Aspiration Other (Specify)			☐ Medical	(Surgical) Suction (Surgical) Mens (Surgical) Other	trual Aspiration			
For Medical (Surgical)	procedures, answer the fe	ollowing question.		For Medical ((Surgical) proced	ures, answer the following question.			
Was the fetus viable o ☐ Yes ☐	or have a post fertilization No	n age at least 20 weeks?			us viable or have Yes No	a post fertilization age at least 20 week	ks?		
If the previous question	was answered yes, comp	plete the following ques	tions.	If the previou	is question was a	nswered yes, complete the following q	uestions.		
Was the fetus given th ☐ Yes ☐	ne best opportunity to sur No	vive?			us given the best Yes No	opportunity to survive?			
	or determination that the pedure to avert death or se					mination that the pregnant woman had a avert death or serious impairment to			
Date last normal mense	es began	Physi	cian estimat	e of gestation (i	in weeks)	Post fertilization age of the fetus (ii	n weeks)		
	11/06/2017			6	,	4			
SONOGRAM	al age and post fertilizati	on age ucicinifficu!							
Poll or C. J. J.	Full name of physician performing termination								
RAYMOND E. ROBII	NSON	umbar and atmost site.	state and-i-	anda)					
	erforming termination (na REET STE. 20, INDIA		ыне, апа zīp	coue)					
**Date Reported to I	DCS, if Patient under	14 (month, day, year): _							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS) - 8590 GEORGETOWN ROAD, INDIAN	NAPOLIS, IN, 46268	City or town, of pregna	ncy termination	County of pregnancy termination MARION					
Dationt's ac-**	l n .	of process t	ation I E 1	Hon	1					
35	Trried Date of No	of pregnancy termina 12/01/2017	ation Educa	Som	e College, No Degree					
Race American Indian or A Native Hawaiian or O	_		or African American		nicity Hispanic or Latino Not Hispanic or Latino					
Live Births:	Number now living	5		Number now decease	ed 0					
Other Terminations:	Number of spontaneous termi	inations 0		Number of induced t	erminations 2					
Dates of terminations (Do	o not include this termination. Is 2. UNKNOWN		hose most recent.)							
Fetus delivered alive?	If yes, length of time fetu		4	Coi	mplication(s) of Pregnancy Termination					
☐ Yes ■ No	, , , , , ,			■ None	Uterine Perforation					
				— ☐ Hemor						
Fetus viable?	If viable, medical reason	for termination:			_					
☐ Yes ■ No				☐ Infecti						
				Other	(Specify)					
Pathological examination performed?	If yes, results:									
☐ Yes ■ No					ination of pregnancy result in a maternal death?					
				Yes	No					
		Type of	Termination Procedur	res						
Duranda di M	1 D	1 ype 01			- J D					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurgical Medical Medical (Nonsurgical Medical				(Nonsurgical) Mifepr (Nonsurgical) Misopr						
Medical (Nonsurgical				(Nonsurgical) Other (
Medical (Surgical)				(Surgical) Suction Cu						
☐ Medical (Surgical) ☐ Medical (Surgical) ☐	Menstrual Aspiration Other (Specify)		Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
	1 337									
For Medical (Surgical) pr	rocedures, answer the following	g question.	For Medical (For Medical (Surgical) procedures, answer the following question.						
	have a post fertilization age at l	•			t fertilization age at least 20 weeks?					
☐ Yes ■ N				es No						
If the previous question v	vas answered yes, complete the	following questions.	. If the previou	s question was answer	ed yes, complete the following questions.					
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best opportes \text{No}	rtunity to survive?					
	determination that the pregnant				ion that the pregnant woman had a condition					
that required the proced woman?	lure to avert death or serious im	pairment to the pregi	nant that required woman?	the procedure to aver	rt death or serious impairment to the pregnant					
Date last normal menses	•	Physician 6	estimate of gestation (i	n weeks)	ost fertilization age of the fetus (in weeks)					
	UNKNOWN	latarmin ad 9	12		10					
ULTRASOUND	l age and post fertilization age d	icterinined /								
<u> </u>										
Full name of physician po	_									
Address of physician per	forming termination (number an	nd street, city, state, o	and zip code)							
200 S. MERIDIAN ST, I	INDIANAPOLIS, IN 46225									
**Date Reported to Do	CS, if Patient under 14 (moni	th, day, year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PPIN-GEORGETOWN OR	Addres (PPGI)	S - 8590 GEORGETOWN ROAL	D, INDIANAPOLIS,	, IN, 46268	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION		
Patient's age** 36	Maı	ried Yes No	Date of pregr	nancy termi 12/06/201		Educa	tion		ollege, No Degree	•	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	Unknown	■ Not	y anic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	1				Number now	deceased	0		
Other Termination	ıs:	Number of spontaneou	s terminations	}			Number of in	duced termi	inations 0		
Dates of termination UNKNOWN	is (Do	not include this termine	ation. If more 1			ost recent.)	5.		6.		
Fetus delivered alive	e?	If yes, length of tin							cation(s) of Pregnan	cy Termination	
☐ Yes ■ 1	No						▣	None	☐ Uter	ine Perforation	
		70						Hemorrhag	ge 🔲 Cerv	rical Laceration	
Fetus viable? Yes	No	If viable, medical	reason for tern	nination:				Infection	☐ Reta	ined Products	
								Other (Spe	cify)		
Pathological examin	ation	If yes, results:									
performed?	No						Did th	nis terminati	on of pregnancy res	ult in a maternal death?	
								es 🔳 N			
				T	of m-	notion Dr. 1					
				Туре	of Termi	nation Procedu					
Procedure that Term							rocedure that To				
Medical (Nonsu Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	ol .		
Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spec	cify)		
		uction Curettage Ienstrual Aspiration					(Surgical) Suc (Surgical) Me				
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgical) Oth	er (Specify)			
For Medical (Surgic	al) pro	ocedures, answer the fol	llowing question	on.		For Medical	(Surgical) proce	edures, ansv	ver the following qu	estion.	
Was the fetus viab ☐ Yes [have a post fertilization	age at least 20	weeks?			us viable or hav Yes 🔲 No	e a post fer	tilization age at leas	t 20 weeks?	
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	ıs.	If the previou	s question was	answered y	es, complete the fol	lowing questions.	
	n the	best opportunity to surv	ive?				us given the be Yes No	st opportuni	ity to survive?		
		etermination that the pr	egnant woman	n had a cond	dition		_	ermination t	that the pregnant wo	man had a condition	
		ire to avert death or seri								rment to the pregnant	
						oman:					
Date last normal me		•		Physician	n estimat	e of gestation (in weeks)	Post fe	ertilization age of the	e fetus (in weeks)	
How were the gestat		0/01/2017 age and post fertilizatio	n age determir	ned?		7			5		
ULTRASOUND		uge una post rerunzuiro	n ugo determin								
Full name of physici											
	-	orming termination (num		et, city, state	e, and zip	code)					
200 G. WILKIDIAN	J 1 , 11	TEIRINAI OLIO, IN 40									
**Date Reported t	to DC	CS, if Patient under 14	4 (month, day,	year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Addre	ess I) - 8590 GEORGETOWN ROAI	D, INDIANAPOLIS, IN, 4626	City or t	own, of pregna	ncy terminati	on	County of pregnancy termination MARION					
			1				1					
39	arried Yes I No	Date of pregnancy to 12/06/		Educat	tion		nelor's Degree					
Race American Indian or A Native Hawaiian or C		= =	lack or Africation	an American	Unknow		y vanic or Latino Hispanic or Latino	☐ Unknown				
Live Births:	Number now living	1			Number no	w deceased	0					
Other Terminations:	Number of spontaneou	s terminations			Number of	induced term	inations 0					
Dates of terminations (De	o not include this termin	ation. If more than six	(6), those mo	ost recent.)								
1		3		4		5	6					
Fetus delivered alive? Yes No	If yes, length of tin	me fetus survived:					cation(s) of Pregnanc					
					<u>-</u>	None	☐ Uterir	ne Perforation				
Fetus viable?	If viable, medical	reason for termination	1:] Hemorrhag	ge 🔲 Cervi	cal Laceration				
☐ Yes ■ No] Infection	☐ Retain	ned Products				
						Other (Spe	cify)					
Pathological examination	n If yes, results:											
performed? ☐ Yes ■ No					D:1	.1	·	1. 1.1.40				
l les l No				Did this termination of pregnancy result in a maternal death Yes No								
		Т	ype of Termin	nation Procedur	es							
Procedure that Terminate	ad Pragnancy			Additional Pr		Tarminated D	ragnancy					
				_								
☐ Medical (Nonsurgical Medical Medic) Mifepristor) Misoprosto						
Medical (Nonsurgical						Other (Spec						
Medical (Surgical)	Suction Curettage			☐ Medical	(Surgical) S	uction Curetta	nge					
	Menstrual Aspiration			☐ Medical	(Surgical) M	lenstrual Aspi ther (Specify)	iration					
Wiedicai (Surgicai)	Outer (Specify)			Wiedicai	(Surgicar) O	шег (эресіду)						
For Medical (Surgical) pr	rocedures, answer the fol	llowing question.		For Medical (Surgical) pro	cedures, ansv	wer the following que	stion.				
	have a post fertilization	age at least 20 weeks	?		ıs viable or h ∕es □ No		tilization age at least	20 weeks?				
☐ Yes ■ N				_								
If the previous question v	was answered yes, compl	ete the following que	stions.	If the previou	s question wa	as answered y	res, complete the follo	owing questions.				
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the b		ty to survive?					
			4:4:	_	_		11					
	determination that the pr dure to avert death or seri						that the pregnant won ath or serious impairs					
woman?				woman?								
Date last normal menses	-	Phys	ician estimate	e of gestation (i	n weeks)	Post fo	ertilization age of the	fetus (in weeks)				
How were the gestational	09/04/2017	n aga datamai: 10		10			8					
ULTRASOUND	r age and post termizatio	ii age determined?										
Full name of physician po	erforming termination											
DR. CAROL DELLING												
Address of physician per 200 S. MERIDIAN ST, I	=		state, and zip	code)								
**Date Reported to Do	CS, if Patient under 14	4 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/28/2018

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Facility Name and Add PPIN-GEORGETOWN OR (PP	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION							
25	Marrie [d Yes • No	Date of pregn	nancy termi 12/06/201		Educa	ition	н		ol Diploma or Gl	ED		
Race American Indian or Native Hawaiian or			Asian White	■ Black		an American	☐ Uı	nknown		nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	umber now living	2				Num	ber now d	eceased	0			
Other Terminations:		umber of spontaneou	0				Num	ber of indu	iced termii	nations 4			
Dates of terminations (12/03/2014		ot include this termina 06/24/2015	tion. If more to 3. 03/21			ost recent.) _{4.} 08/09/2016	i	5		6			
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ved:					Complic	ation(s) of Pregnan	cy Termination		
☐ Yes ■ No)							■ N	Vone	Uter	ine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:				- □ F	Hemorrhage	e 🔲 Cerv	ical Laceration		
Yes No	,	ii viable, medicai i	eason for term	illiation.				☐ I	nfection	☐ Reta	ined Products		
									Other (Spec	ify)			
Pathological examination				_									
performed? ☐ Yes ■ No)							Did this	terminatio	on of pregnancy res	ult in a maternal death?		
								Yes		1 0 1	an in a maternal death.		
				Type	of Termin	nation Procedu	res						
Procedure that Termina	ated P	regnancy				Additional P	rocedui	re that Ter	minated Pr	egnancy			
Medical (Nonsurg								urgical) M					
☐ Medical (Nonsurg ☐ Medical (Nonsurg								urgical) M urgical) O					
Medical (Surgical)	Suct	tion Curettage				— — Medical	(Surgi	ical) Sucti	on Curettas				
Medical (Surgical) Medical (Surgical)) Mer	strual Aspiration				☐ Medical	(Surgi	ical) Mens	trual Aspir				
i Medicai (Surgicai)) Oili	er (<i>specify)</i>				☐ Medical (Surgical) Other (Specify)							
		1 41 - £-11				EM-di1	(C:	1\4		4h £-11	4:		
For Medical (Surgical)	•									er the following qu			
Was the fetus viable of Yes ■		e a post fertilization a	age at least 20	weeks?				ole or have No	a post fert	ilization age at leas	t 20 weeks?		
If the previous question	ı was	answered yes, comple	ete the following	ng question	ıs.	If the previou	is ques	tion was a	nswered ye	es, complete the following	owing questions.		
Was the fetus given the ☐ Yes ☐		t opportunity to survi	ve?					en the best	opportunit	y to survive?			
What was the basis for	or dete	ermination that the pro	egnant woman	had a cond	lition	What was t	he basi	is for deter	mination th	nat the pregnant wo	man had a condition		
that required the proc woman?						that require woman?	d the p	rocedure to	o avert dea	th or serious impair	rment to the pregnant		
Date last normal mense	es beg	an		Physician	n estimate	e of gestation (in week	ks)	Post fer	rtilization age of the	e fetus (in weeks)		
	UNI	KNOWN	•			12				10			
How were the gestation ULTRASOUND	nal age	e and post fertilization	n age determin	ned?									
Full name of physician DR. CAROL DELLIN	rming termination												
Address of physician p	erforn	-		t, city, state	e, and zip	code)							
200 S. MERIDIAN ST	, IND	IANAPOLIS, IN 46	225										
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):						-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Facility Name and Acclinic For Women - 3607	ddress 7 WEST	16TH STREET SUITE B2, IN	IDIANAPOLIS, IN	46222 City	y or tow		ncy termination		County of pregnancy termination MARION			
The state of the s			D			Ι = -	,·					
Patient's age** 28 Race	Marri	ed □ Yes ■ No		nancy termination 12/21/2017	on	Educat		ligh Scho	ol Diploma or GED			
☐ American Indian o	or Othe	er Pacific Islander	Asian White	☐ Black or A☐ Other	African	American	Unknown	☐ Hispa ■ Not H	anic or Latino Hispanic or Latino Unknown			
Live Births:		Number now living	1				Number now d		0			
Other Terminations	:	Number of spontaneous	s terminations 1				Number of ind	uced termi	nations 1			
Dates of terminations 1. 2013		ot include this termina _{2.} 2010	tion. If more t	han six (6), tho	se most 4	t recent.)	5		6			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ed:				Complic	cation(s) of Pregnancy Termination			
Yes N	Ю						1	None	☐ Uterine Perforation			
							п	Hemorrhag	e			
Fetus viable? Yes N	Jo	If viable, medical r	eason for term	ination:				nfection	Retained Products			
	10							Other (Spec	_			
Pathological examina	ntion	If yes, results:						Julei (Spec	2(1)			
performed?			• · · · · · · · · · · ·									
■ Yes □ N	No	SAC, CHORIONI	C VILLI, & FI	ETAL PARTS			Did this ☐ Yes		on of pregnancy result in a maternal death?			
									•			
Type of Termination Procedures												
Procedure that Termin	nated I	Pregnancy			A	Additional Pro	ocedure that Ter	minated Pr	regnancy			
Medical (Nonsurgical) Mifepristone												
☐ Medical (Nonsur	rgical)	Misoprostol			ן	Medical	(Nonsurgical) N	/lisoprostol	l			
Medical (Nonsur	rgicai)	Otner (Specify)				Medical (Nonsurgical) Other (Specify)						
Medical (Surgical Medical (Surgical)		ction Curettage nstrual Aspiration					(Surgical) Sucti (Surgical) Mens					
Medical (Surgica					[(Surgical) Other		Tation .			
For Medical (Surgical	l) proc	edures, answer the following	lowing question	on.	— -	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable ☐ Yes ☐		ve a post fertilization a	age at least 20	weeks?			us viable or have Yes □ No	a post fert	tilization age at least 20 weeks?			
If the previous question	on was	answered yes, comple	ete the followin	ng questions.	I	_	_	nswered ye	es, complete the following questions.			
Was the fetus given ☐ Yes ☐		st opportunity to survi	ve?				us given the best	opportunit	ty to survive?			
		نه يو و		1 1 93		_	_		tad to the second			
		ermination that the pro e to avert death or serio							hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman:						woman:						
Date last normal men	ises be	gan		Physician est	imate o	of gestation (in	n weeks)	Post fe	rtilization age of the fetus (in weeks)			
	10	/28/2017				8	······································	2 250 70	6			
How were the gestational age and post fertilization age determined? SONOGRAM												
Full name of physicia KATHLEEN GLOV		orming termination										
	perfor	ming termination (nun		t, city, state, and	d zip co	ode)						
3307 17201 10111 3		, iitDiAitAi OLIS,	0222									
**Date Reported to DCS, if Patient under 14 (month, day, year):									-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A		6TH STREET SUITE B2, I	INDIANAPOLIS, IN 46222	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION				
Patient's age**	Marrie	ed	Date of pregnancy term	ination	Educa	tion						
25	_	Yes No	12/21/20				Н		ol Diploma o	r GED		
Race American Indian Native Hawaiian	or Othe		Asian Blac White Other	k or African A er	merican		known er now d	■ Not I	/ anic or Latino Hispanic or Lat	ino	Unknown	
Live Births:	N	umber of spontaneou	1 us terminations					uced termi	0 nations			
Other Termination Dates of termination	.5.		3 ation. If more than six (6), those most re	ecent.)				10			
1. 05/04/2017		08/27/2016	_{3.} 06/04/2016		/05/2016		5	08/07/201		03/14/		
Fetus delivered alive		If yes, length of ti	me fetus survived:				_	1	cation(s) of Pre			
					■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical	reason for termination:				Hemorrhage Cervical Laceration					
☐ Yes ■ 1	No					☐ Infection ☐ Retained Products						
Data to the state of		TC 1						Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	SAC & CHORIO				Did thi			y result i	n a maternal death?		
	•											
			Туре	of Terminatio	n Procedui	res						
Procedure that Term	inated P	regnancy		Ad	ditional Pr	ocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu								//ifepriston				
Medical (Nonsu								Misoprostol Other (Spec				
Medical (Surgional Control								on Curetta				
Medical (Surgion Medica		nstrual Aspiration er (Specify)						strual Aspi r (<i>Specify</i>)	ration			
For Medical (Surgic	al) proce	edures, answer the fo	llowing question.	 For	r Medical (Surgica	ıl) proced	lures, answ	er the following	g questi	on.	
	_		age at least 20 weeks?			_	_		tilization age at			
☐ Yes [■ No	•			☐ Y	Yes [No	•				
If the previous quest	ion was	answered yes, comp	lete the following question	ons. If t	he previou	s questi	on was a	nswered ye	es, complete th	e followi	ng questions.	
	n the bes	st opportunity to surv	vive?	V		us given Yes		opportuni	ty to survive?			
			regnant woman had a con								had a condition	
that required the pro- woman?	rocedure	to avert death or ser	ious impairment to the pr		nat required oman?	d the pro	ocedure t	o avert dea	nth or serious in	npairme	nt to the pregnant	
Date last normal me	_		Physicia	an estimate of g		n weeks	;)	Post fe	rtilization age		us (in weeks)	
How were the gestat		25/2017 e and post fertilization	on age determined?		6					4		
SONOGRAM												
Full name of physici KATHLEEN GLO		rming termination			_		_	_		_		
	-	-	mber and street, city, star	te, and zip code	?)							
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222									
**Date Reported t	to DCS,	, if Patient under 1						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A CLINIC FOR WOMEN - 360	ddress 7 WEST	16TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION				
Patient's age** 24	Marri	ed □ Yes ■ No	Date of pregnancy term 12/21/20		Educat	tion		nelor's Degree				
Race American Indian Native Hawaiian			☐ Asian ■ Blac ☐ White ☐ Othe	k or African er	American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	N	Number now living	0			Number now	deceased	0				
Other Termination	ъ.	Number of spontaneou	us terminations 0			Number of in	duced termi					
Dates of termination	s (Do n		ation. If more than six (6)									
Fetus delivered alive	<u> </u>	If yes, length of tir	me fetus survived:	4		5		cation(s) of Pregnan	cy Termination			
Yes I		li yes, lengur er ur	10100 501 11100				None	□ Uter	ine Perforation			
							Hemorrhag		rical Laceration			
Fetus viable?	NT -	If viable, medical	reason for termination:					_	ined Products			
☐ Yes ■ I	NO						Infection		ined Products			
Deth-1-si1-sussia	_4:	If					Other (Spe	cify)				
Pathological examin performed?	ation	If yes, results:										
■ Yes □	No	SAC & CHORIO	NIC VILLI				is terminati es 🔳 N		ult in a maternal death?			
			Туре	of Terminat	tion Procedur	res						
Procedure that Term	inated I	Pregnancy		A	Additional Pr	ocedure that To	erminated P	regnancy				
☐ Medical (Nonsu						(Nonsurgical)						
Medical (Nonsu Medical (Nonsu						(Nonsurgical) (Nonsurgical)						
Medical (Surgional Control ral) Suc	ction Curettage		_T	☐ Medical	(Surgical) Suc	tion Curetts	nge					
	cal) Me	enstrual Aspiration		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Medical	(Surgical) Me (Surgical) Oth	nstrual Aspi	iration				
Medical (Surgio	cai) Ou	ier (<i>Specify)</i>			Medical	(Surgical) Oth	er (<i>Specify)</i>					
EM-di1 (Ci-	-1)	-1	11		7 M-4:1/	(Ci1)	. 4	41 - £-11				
	, 1	edures, answer the fo		ı	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable Yes		ve a post fertilization	age at least 20 weeks?			us viable or hav Yes \[\] No	e a post fer	tilization age at leas	t 20 weeks?			
If the previous quest	ion was	answered yes, compl	lete the following question	ons. I	f the previou	s question was	answered y	es, complete the fol	lowing questions.			
Was the fetus given ☐ Yes ☐		est opportunity to surv	rive?			us given the bear	st opportuni	ty to survive?				
What was the basis	s for det	termination that the pr	regnant woman had a con	dition	What was th	ne basis for det	ermination t	that the pregnant wo	man had a condition			
that required the pr woman?	rocedur	e to avert death or ser	ious impairment to the pr	regnant					rment to the pregnant			
Woman.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Date last normal men	nses be	gan	Physicia	an estimate o	of gestation (i	n weeks)	Post fe	ertilization age of the	e fetus (in weeks)			
	11	/01/2017			7		2 350 10	5	(((
How were the gestat SONOGRAM	ional ag	ge and post fertilization	on age determined?									
SUNUGRAW												
Full name of physici	ian perfe	orming termination										
KATHLEEN GLO	VER				•							
	-	ming termination (num ET, INDIANAPOLIS	mber and street, city, stat , IN 46222	te, and zip co	ode)							
		,	, - 									
**Date Reported t	to DCS	, if Patient under 1	4 (month, day, year):					_				
DATE RECEIVE	ED BY	ISDH (month, day,	year): 01/30/2018					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre	SS ST 16TH STREET SUITE	B2, INDIANAPOLIS, IN 4	City o	r town, of pregna	ncy termi		County of pregnancy termination MARION			
				,						
22	rried Yes I No		ancy termination 2/21/2017	Educa	tion		College, No Degree			
Race American Indian or A Native Hawaiian or O	ther Pacific Islander		■ Black or Afr □ Other	ican American	Unkı		ty panic or Latino : Hispanic or Latino			
Live Births:	Number now living	1			Number	r now deceased	0			
Other Terminations:	Number of spontar				Number	r of induced tern	ninations			
Dates of terminations (Da	not include this teri	nination. If more th	an six (6), those i	most recent.)			0			
1	2	3		4		5	6			
Fetus delivered alive? ☐ Yes ■ No	If yes, length o	f time fetus survive	ed:			Compl None	lication(s) of Pregnancy Termination Uterine Perforation			
						☐ Hemorrha	age			
Fetus viable?	If viable, medi	cal reason for term	ination:							
☐ Yes ■ No				☐ Infection ☐ Retained Products						
						Other (Sp	ecify)			
Pathological examination	If yes, results:									
performed? • Yes • No	SAC & CHOF	RIONIC VILLI				Did this termina ☐ Yes ■ 1	tion of pregnancy result in a maternal death?			
			Type of Tern	nination Procedu	res					
December of the	1 D		JF- 31 10III			41-4 T	D			
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgica						gical) Mifepristo				
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica						gical) Misoprost gical) Other (Spe				
_										
Medical (Surgical)Medical (Surgical)				☐ Medical	(Surgical	 Suction Curet Menstrual As 	tage			
Medical (Surgical)						l) Other (Specify				
For Medical (Surgical) pr	ocedures answer the	following question		For Medical	(Surgical)) procedures and	wer the following question.			
Was the fetus viable or ☐ Yes ■ N		ion age at least 20 v	weeks?		Yes		ertilization age at least 20 weeks?			
If the previous question v	vas answered yes, co	mplete the following	g questions.	If the previou	is question	n was answered	yes, complete the following questions.			
Was the fetus given the ☐ Yes ☐ N		survive?			us given t Yes 🔲	the best opportur No	nity to survive?			
What was the basis for	determination that th	e pregnant woman	had a condition	What was t	he basis fo	or determination	that the pregnant woman had a condition			
that required the proced							eath or serious impairment to the pregnant			
woman?				woman?						
<u> </u>										
Date last normal menses	•		Physician estima	-	in weeks)	Post	fertilization age of the fetus (in weeks)			
	11/01/2017	ation ago data-	ad?	6			4			
How were the gestational SONOGRAM	age and post tertiliz	auon age determine	zu !							
Full name of physician po	erforming termination	n								
KATHLEEN GLOVER	-	••								
Address of physician peri	- C		, city, state, and z	ip code)						
3607 WEST 16TH STR	EET, INDIANAPO	LIS, IN 46222								
**Date Reported to Do	CS, if Patient unde	r 14 (month, day, y	vear):				_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST	16TH STREET SUITE B2, IN	NDIANAPOLIS, IN	46222 C	ity or t		ncy termination		County of pregnancy termination MARION			
Patient's age**			Date of pregr	nanov tomin-	tion	Educat	tion					
Patient's age** 27	Marri	ed □ Yes ■ No		12/21/2017	uon	Educai	uon		ollege, No Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black or	r Africa	an American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	Number now living	1				Number now o		0			
Other Termination	ıs:	Number of spontaneou	s terminations 0				Number of inc	luced termi				
Dates of termination	is (Do n	ot include this termino	ation. If more t			ost recent.)	5		6.			
Fetus delivered alive	e?	If yes, length of tir				*-		Compli	cation(s) of Pregnan	cy Termination		
☐ Yes ■ 1	No							None	☐ Uteri	ine Perforation		
5		70						Hemorrhag	ge 🔲 Cerv	ical Laceration		
Fetus viable? Yes I	No	If viable, medical i	eason for term	nination:				Infection	☐ Reta	ined Products		
								Other (Spe	cify)			
Pathological examin	ation	If yes, results:										
performed? • Yes	No	SAC, CHORIONI	C VILLI, & F	ETAL PART	S		Did thi ☐ Ye			ult in a maternal death?		
							•					
				Type of	Termin	nation Procedur	res					
Procedure that Term	inated I	Pregnancy				Additional Pr	ocedure that Te	rminated P	regnancy			
Medical (Nonsu							(Nonsurgical) I					
Medical (Nonsu							(Nonsurgical) (Nonsurgical) (
Medical (Surgional Control							(Surgical) Suct					
☐ Medical (Surgion Med		enstrual Aspiration ner (Specify)					(Surgical) Men (Surgical) Othe					
For Medical (Surgic	al) proc	edures, answer the fol	lowing question	on.		For Medical (Surgical) proce	dures, answ	ver the following qu	estion.		
Was the fetus viab. ☐ Yes [ve a post fertilization a	age at least 20	weeks?			us viable or have Yes \text{No}	e a post fer	tilization age at leas	t 20 weeks?		
		answered yes, comple	ete the followi	ng questions		_	_	answered v	es, complete the foll	owing questions		
		est opportunity to survi		ng questions.		•	us given the bes	·	•	owing questions.		
	☐ No	•					res No					
		ermination that the pro e to avert death or seri								man had a condition ment to the pregnant		
woman?			-			woman?			•			
Date last normal me	nces ba	ran		Physician a	etimete	e of gestation (i	n wooks)	Dogt fo	ertilization age of the	e fetus (in weeks)		
	10	/08/2017			ounialt	11	n weeks)	rost le	9	c icius (in weeks)		
How were the gestat	ional ag	ge and post fertilization	n age determin	ned?								
JONGORAN												
Full name of physici KATHLEEN GLO	orming termination											
Address of physician	n perfor	ming termination (num		t, city, state, a	ınd zip	code)						
3607 WEST 16TH	STREE	T, INDIANAPOLIS,	IN 46222									
**Date Reported to DCS, if Patient under 14 (month, day, year):									_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Facility Name and A	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION						
Patient's age**	Marri	ed	Date of pregnancy term	ination	Educa	tion						
27		Yes No	12/21/20				Н	_	ool Diploma or	GED		
Race American Indian Native Hawaiian	or Oth		Asian Blac White Other	k or African A er	American	Unk	nown er now d	■ Not I	y anic or Latino Hispanic or Latin	o [] Unknown	
Live Births:	ı	Number of spontaneou	2 as terminations			Numbe	er of ind	uced termi	nations			
Other Termination Dates of termination	.5.		1 ation. If more than six (6), those most r	ecent.)				0			
1. 2014			3				5		6			
Fetus delivered alive		If yes, length of tin	me fetus survived:					Compli	cation(s) of Pregr	ancy Term	ination	
l les	INO						• N	None	☐ U	terine Perfe	oration	
Fetus viable?		If viable, medical	reason for termination:				☐ I	Hemorrhag	ge 🗆 C	ervical Lac	eration	
Yes •	No	ir viuoso, medicur					□ I	nfection	☐ R	etained Pro	ducts	
					☐ Other (Specify)							
Pathological examin	ation	If yes, results:										
performed? • Yes	No	SAC & CHORIO	NIC VILLI		Did this termination of pregnancy result in a maternal d							
					☐ Yes ■ No							
			Туре	of Terminatio	on Procedu	res						
Procedure that Term	inated l	Pregnancy	Ad	dditional Pr	ocedure	that Ter	minated Pr	regnancy				
Medical (Nonsu					//ifepriston							
Medical (Nonsu		Other (Specify)						Aisoprosto Other (Spec				
Medical (Surgional Control cal) Su	ction Curettage		_] Medical	(Surgica	l) Sucti	on Curetta	ige				
☐ Medical (Surgio		enstrual Aspiration her (Specify)			Medical Medical	(Surgica	l) Mens	strual Aspi r (Specify)	ration			
	,	(-F 35)				(6		(-1 - 35)				
For Medical (Survice	a1) mma a	andrings anaryon the fol	llowing question		Madical ((Cumai aal) m mo o o d		you the fellowing			
	_	edures, answer the fol				_	_		ver the following	_		
	le or ha No	ve a post fertilization	age at least 20 weeks?	,		us viable Yes \square		a post fer	tilization age at le	east 20 wee	eks?	
If the previous quest	ion was	s answered yes, compl	lete the following question	ons. If	the previou	is questio	on was a	nswered y	es, complete the	following o	questions.	
	n the be	est opportunity to surv	ive?	,		us given Yes 🔲		opportuni	ty to survive?			
that required the pr			regnant woman had a con ious impairment to the pr	regnant t	hat require				hat the pregnant ath or serious imp			
woman?				,	woman?							
Deli										4 6	· • • •	
Date last normal me		gan /05/2017	Physicia	an estimate of	gestation (i	n weeks)	1	Post fe	ertilization age of	the fetus (m weeks)	
How were the gestat	ional ag	ge and post fertilizatio	on age determined?					1				
Full name of physici		orming termination										
Address of physician	n perfor	-	mber and street, city, stat	te, and zip cod	le)							
3607 WEST 16TH	STREE	T, INDIANAPOLIS	, IN 46222									
**Date Reported t						_						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A CLINIC FOR WOMEN - 360	ddress 7 WEST	16TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or to	own, of pregna	ncy termination	County of pregnancy termination MARION				
Patient's age** 30	Marri	ed Yes I No	Date of pregnancy term 12/21/20		Educat	tion		ollege, No Degree)		
Race American Indian Native Hawaiian			☐ Asian ■ Blac ☐ White ☐ Othe		nn American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	lumber now living	2			Number now	deceased	0			
Other Termination	5.	Number of spontaneou	0			Number of in	duced termi	inations 1			
Dates of termination 1. 2015	s (Do n		ation. If more than six (6		,	5		6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				Compli	cation(s) of Pregnan	cy Termination		
Yes I	No					■	None	☐ Uteri	ne Perforation		
Estera esiable?		If .: . 1 4: 1	f t:t:				Hemorrhag	ge 🔲 Cerv	ical Laceration		
Fetus viable? Yes I	No	if viable, medical	reason for termination:		☐ Infection ☐ Retained Products						
					Other (Specify)						
Pathological examin	ation	If yes, results:					Other (Spe-				
performed?			NIC VII I I								
■ Yes	No	SAC & CHORIO	NIC VILLI				is terminati es 🔳 N		ult in a maternal death?		
			Туре	nation Procedur	res						
Procedure that Term	inated F	Pregnancy			Additional Pr	ocedure that To	erminated P	regnancy			
☐ Medical (Nonsu						(Nonsurgical)					
Medical (Nonsu Medical (Nonsu						(Nonsurgical) (Nonsurgical)					
	8/	(-F93)/				(= ====================================	(Z	-957			
Madianl (Sunni	-1\ C					(Ci1) C	4: C				
	al) Me	nstrual Aspiration			Medical	(Surgical) Suc (Surgical) Me	nstrual Aspi	iration			
Medical (Surgio	al) Oth	ner (Specify)			☐ Medical	(Surgical) Oth	er (<i>Specify</i>)				
					- Town died (Consist) and down any other fall and a section						
For Medical (Surgical	al) proc	edures, answer the fo	llowing question.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viabl ☐ Yes [ve a post fertilization	age at least 20 weeks?			us viable or hav Yes 🔲 No	e a post fer	tilization age at least	t 20 weeks?		
If the previous quest	ion was	answered yes, compl	lete the following question	ons.	If the previou	s question was	answered y	es, complete the foll	owing questions.		
	n the be	st opportunity to surv	rive?			us given the be Yes No	st opportuni	ty to survive?			
What was the basis	for det	ermination that the pi	regnant woman had a con	ndition	What was th	ne basis for det	ermination t	that the pregnant wo	man had a condition		
that required the pr woman?	ocedure	e to avert death or ser	ious impairment to the pr	regnant					ment to the pregnant		
					Jinuii :						
Date last normal men	nees har	ran	Dhyginia	an estimata	of gestation (i	n weeks)	Dogt f	ertilization age of the	e fetus (in weeks)		
Date last normal men	-	gan /02/2017	Physicia	an estillate	9	n weeksj	FOSt IC	7	c icius (iii weeks)		
_	ional ag	e and post fertilization	n age determined?				•				
SONOGRAM											
Full name of physici	Full name of physician performing termination										
KATHLEEN GLO		oming termination									
	-	-	mber and street, city, stat	te, and zip	code)						
3607 WEST 16TH	OIKEE	II, INDIANAPOLIS	, IN 40222								
**Date Reported t	o DCS	, if Patient under 1	4 (month, day, year):								
DATE RECEIVE	ED BY	ISDH (month, day,	year): 01/30/2018					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST	16TH STREET SUITE B2, II	NDIANAPOLIS, IN	46222 Cit	ty or to		ncy termination		County of pregnan	ncy termination ARION		
Patient's age**	l	, 1	Date of man	nancy terminati	ion	Educat	ion					
27	Marri	ed □ Yes ■ No		12/21/2017	ion	Educat			ool Diploma or GI	ED .		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black or ☐ Other	African	American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	Sumber now living	1				Number now d	eceased	0			
Other Termination	ıs: N	Number of spontaneou	s terminations				Number of ind	uced termi	nations 2			
Dates of termination 1. 02/15/2013		ot include this termind 2. 08/14/2014	ation. If more t		ose mos		5		6			
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ved:				Compli	cation(s) of Pregnan	cy Termination		
☐ Yes ■	No						■ 1	None	☐ Uter	ine Perforation		
Estera sciable?		If viable, medical i		-:4:			D	Hemorrhag	ge 🔲 Cerv	ical Laceration		
Fetus viable? Yes	No	ii viable, medical i	reason for term	imation:				nfection	☐ Reta	ined Products		
								Other (Spec	cify)			
Pathological examin	ation	If yes, results:										
performed? Yes	No	SAC & CHORION	NIC VILLI				Did this ☐ Yes			ult in a maternal death?		
Type of Termination Procedures												
Procedure that Term	inated I	Pregnancy				Additional Pro	ocedure that Ter	minated Pr	regnancy			
Medical (Nonst							(Nonsurgical) M					
Medical (Nonsu						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgional Control							(Surgical) Sucti					
☐ Medical (Surgion Med		nstrual Aspiration ner (Specify)					(Surgical) Mens (Surgical) Other					
For Medical (Surgic	al) proc	edures, answer the fol	lowing question	on.	- :	For Medical (Surgical) proced	lures, answ	ver the following qu	estion.		
		ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [answered yes, compl	ata tha fallowi	na questions		_	Yes ☐ No	nawarad w	es, complete the foll	owing questions		
		st opportunity to surv		ng questions.		•	is given the best	•	·	owing questions.		
	∏ No	orr security to but v					es No	FFORM	.,			
		ermination that the preto avert death or seri								man had a condition		
woman?		Julian of Soli		L. P.		woman?	rational			F		
The state of				l m		6		T == -				
Date last normal me		gan /07/2017		Physician es	sumate o	of gestation (in	n weeks)	Post fe	ertilization age of the 5	e ietus (<i>in weeks</i>)		
_	tional ag	ge and post fertilization	n age determin	ned?				ı				
SUNUGRAM	SONOGRAM											
Full name of physic		orming termination										
Address of physician	n perfor	ming termination (nur		t, city, state, an	nd zip c	ode)						
3607 WEST 16TH	STREE	T, INDIANAPOLIS,	, IN 46222									
**Date Reported	to DCS	, if Patient under 14	4 (month, day,	year):					_			

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Facility Name and Address CLINIC FOR WOMEN - 3607 WES	SS ST 16TH STREET SUITE B2, II	NDIANAPOLIS, IN 46222	City or		ncy termination		County of pregnancy termination MARION				
24	rried Yes No	Date of pregnancy to		Educa	tion		ciate Degree				
Race American Indian or A Native Hawaiian or O		= =	lack or Afric	can American	Unknown		nic or Latino Hispanic or Latino	Unknown			
Live Births:	Number now living	1		Number now deceased 0							
Other Terminations:	Number of spontaneou	s terminations		Number of induced terminations							
Dates of terminations (Do	not include this termine	ation. If more than six	(6), those m	ost recent.)							
1		3		4	5		6				
Fetus delivered alive? ☐ Yes ■ No	If yes, length of tir	ne fetus survived:				Complic	ation(s) of Pregnanc	y Termination			
				■ None ☐ Uterine Perforation							
Fetus viable?	If viable, medical	reason for termination	•			Hemorrhage	e 🗌 Cervi	cal Laceration			
Yes No	in vincin, interior	- Culton 101 (C.11111)				Infection	☐ Retain	ned Products			
						Other (Spec	ify)				
Pathological examination	If yes, results:					-					
performed? ■ Yes □ No	SAC & CHORIO	NIC VII I I									
i les 🔲 No	SAG & SHORIO	WIO VIEE!						It in a maternal death?			
, = =											
Type of Termination Procedures											
Procedure that Terminated	d Pregnancy	•			ocedure that Ter	minated Pr	egnancv				
	•						•				
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica	al) Misoprostol				(Nonsurgical) N (Nonsurgical) N	Misoprostol					
☐ Medical (Nonsurgica	nl) Other (Specify)			☐ Medical	(Nonsurgical) (Other (Speci	ify)				
Medical (Surgical) S					(Surgical) Sucti						
☐ Medical (Surgical) Medical (Surgical) O					(Surgical) Men (Surgical) Othe		ration				
	1 (1 (1	1			(0 ' 1)	1	4 6 11 .				
For Medical (Surgical) pr				For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or l ☐ Yes ■ N		age at least 20 weeks?			us viable or have Yes No	e a post fert	ilization age at least	20 weeks?			
If the previous question w		ata the following quar	tions	If the praviou	e question was a	neward ve	es, complete the follo	wing questions			
		• •	dions.		•	•	-	wing questions.			
Was the fetus given the ☐ Yes ☐ No		ive?			us given the best Yes \(\square\) No	opportunit	y to survive?				
What was the basis for o	determination that the pr	regnant woman had a	condition	What was th	ne basis for deter	rmination th	nat the pregnant won	nan had a condition			
that required the proced woman?							th or serious impairs				
woman:				woman:							
Date last normal menses b	began 10/28/2017	Phys	cian estimat	e of gestation (i	n weeks)	Post fer	rtilization age of the	tetus (in weeks)			
How were the gestational		n age determined?									
SONOGRAM											
Full name of physician pe											
Address of physician perf		nber and street. city	tate, and 7in	code)							
3607 WEST 16TH STRI	_										
**Date Reported to DO	CS, if Patient under 14	4 (month, day, year):					-				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 4	City or	town, of pregnancy ter		County of pregnancy termination								
Service of the servic		INDIANAPOI	LIS	MARION								
Manied	ancy termination 2/21/2017	Education		ool Diploma or GED								
Race ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ White	Black or Afric	Uı	nknown Not l	y anic or Latino Hispanic or Latino								
Live Births: Number now living 2			ber now deceased	0								
Other Terminations: Number of spontaneous terminations 1			ber of induced termi	nations 0								
Dates of terminations (Do not include this termination. If more the 1. UNKNOWN 2. 3. 3.			5	6								
Fetus delivered alive? Yes No If yes, length of time fetus survive				cation(s) of Pregnancy Termination								
		■ None ☐ Uterine Perfora										
Fetus viable? If viable, medical reason for termi	nation:	Hemorrhage Cervical Laceration										
☐ Yes ■ No			☐ Infection	Retained Products								
Pathological examination If yes, results:			Other (Spec	cify)								
performed?												
Tes No Sac d Chordento VILLI		Did this termination of pregnancy result in a maternal Yes No										
	Type of Termination Procedures											
Procedure that Terminated Pregnancy		Additional Procedur	e that Terminated P	regnancy								
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol		☐ Medical (Nonsi	urgical) Mifepriston urgical) Misoprosto	ne 1								
Medical (Nonsurgical) Other (Specify)		Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			cal) Suction Curetta cal) Menstrual Aspi									
Medical (Surgical) Other (Specify)			cal) Other (Specify)									
		For Madical (Surgical) procedures answer the following question										
For Medical (Surgical) procedures, answer the following question		For Medical (Surgical) procedures, answer the following question.										
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ■ No	veeks?	Was the fetus viab ☐ Yes [tilization age at least 20 weeks?								
If the previous question was answered yes, complete the followin	g questions.	If the previous ques	tion was answered y	es, complete the following questions.								
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No		Was the fetus give ☐ Yes [n the best opportuni No	ty to survive?								
What was the basis for determination that the pregnant woman I that required the procedure to avert death or serious impairment				hat the pregnant woman had a condition ath or serious impairment to the pregnant								
woman?		woman?										
Data last normal mensas bagan	Physician actim-t	e of gestation (in	Post for	ertilization age of the fotos (in weeks)								
Date last normal menses began 09/2017	rnysician estimat	e of gestation (in week 7	Post fe	ertilization age of the fetus (in weeks) 5								
How were the gestational age and post fertilization age determine SONOGRAM	ed?											
SONOGRAM												
Full name of physician performing termination KATHLEEN GLOVER												
Address of physician performing termination (number and street, 3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222	city, state, and zip	code)										
TEO. ISTITUTEET, INDIANAL OLIS, IN 40222												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add CLINIC FOR WOMEN - 3607 V	Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222							ty or town, of pregnancy termination INDIANAPOLIS				
	Marrie	-		ancy terminati	on	Educat	tion					
Race American Indian or Native Hawaiian or	Alask	_	Asian White	■ Black or .	Afric	an American	□ Halmovin	Ethnicity Hisp	Unknown y anic or Latino Hispanic or Latino ☐ Unknown			
Live Births:		umber now living	<u> </u>	☐ Other			Unknown Number now d		0			
Other Terminations:	N	umber of spontaneous					Number of ind	uced termi				
Dates of terminations (a	Do no		tion. If more t	han six (6), tho	ose m	ost recent.)	5		6			
Fetus delivered alive?		If yes, length of tim		red:		*		Compli	cation(s) of Pregnancy Termination			
☐ Yes ■ No					■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical re	angen for town	ination	☐ Hemorrhage ☐ Cervical Laceration							
Yes No	ii viable, medicai i	eason for term	imation:		☐ Infection ☐ Retained Products							
							Other (Spec	cify)				
Pathological examination	on	If yes, results:										
performed? Yes No	SAC, CHORIONIO	C VILLI, & F	ETAL PARTS	3		Did thi ☐ Ye		on of pregnancy result in a maternal death?				
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsurgi	 Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) 						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Medical (Surgical) Medical (Surgical)) Men	strual Aspiration					(Surgical) Sucti (Surgical) Mens (Surgical) Othe	strual Aspi	iration			
For Medical (Surgical)	proce	dures, answer the foll	owing questic	on.	_	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable of Yes		e a post fertilization a	ige at least 20	weeks?		Was the fetu			tilization age at least 20 weeks?			
If the previous question		answered yes, comple	ete the followi	ng questions.		_	_	nswered y	es, complete the following questions.			
Was the fetus given th ☐ Yes ☐		t opportunity to survi	ve?				us given the best	opportuni	ty to survive?			
What was the basis for that required the procession woman?									that the pregnant woman had a condition ath or serious impairment to the pregnant			
Date last normal mense	es beg	an		Physician est	timate	e of gestation (i	'n weeks)	Post fe	ertilization age of the fetus (in weeks)			
	10/	17/2017		-		10	,		8			
How were the gestation SONOGRAM	nal age	e and post fertilization	n age determin	ed?								
T 11												
Full name of physician KATHLEEN GLOVE	R											
Address of physician po 3607 WEST 16TH ST		-		t, city, state, an	id zip	code)						
**Date Reported to I	DCS,	if Patient under 14	(month, day,	year):					_			

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Facility Name and Addre	SS ST 16TH STREET SUITE B2, II	NDIANAPOLIS, IN 462	City o	r town, of pregna	ncy termin			County of pregnancy termination MARION			
23	urried Yes I No	Date of pregnand	cy termination /21/2017	Educa	tion	T		h, No Diploma			
Race American Indian or A Native Hawaiian or O		Asian White	Black or Afr	ican American	Unkno	own		nic or Latino ispanic or Latino	☐ Unknown		
Live Births:	Number now living	2			Number 1	now de	ceased	0			
Other Terminations:	Number of spontaneou	s terminations		Number of induced terminations							
Dates of terminations (Do	o not include this termino 2.	ation. If more than	n six (6), those	most recent.)		5.		6.			
Fetus delivered alive?	If yes, length of tin		:				Complica	ation(s) of Pregnanc	y Termination		
☐ Yes ■ No				■ None ☐ Uterine Perforation							
						□ н	emorrhage	e ☐ Cervi	cal Laceration		
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for termina	ntion:			□ In	fection	☐ Retair	ned Products		
							ther (Speci	_			
Pathological examination	If yes, results:						uici (<i>speci</i>	(Jy)			
performed?					_						
■ Yes □ No	SAC & CHORIOI	NIC VILLI				Did this Yes	terminatio No		It in a maternal death?		
Type of Termination Procedures											
Procedure that Terminate	ad Pregnancy			Additional Pr		at Term	ninated Pre	eanancy			
	•							•			
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica	al) Misoprostol					cal) M	isoprostol				
☐ Medical (Nonsurgical	al) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)					(Surgical)						
☐ Medical (Surgical) ☐ Medical (Surgical) ☐					(Surgical) (Surgical)			ation			
For Medical (Surgical) pr	rocedures, answer the fol	lowing question.		For Medical (Surgical) r	procedu	ıres, answe	er the following que	 stion.		
	have a post fertilization	age at least 20 we	eks?	For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ■ N					Yes 🗌 1						
If the previous question v	vas answered yes, compl	ete the following	questions.	If the previou	s question	was an	swered ye	s, complete the follo	owing questions.		
Was the fetus given the ☐ Yes ☐ N	best opportunity to surv	ive?			us given the Yes		opportunity	y to survive?			
	determination that the pr								nan had a condition		
that required the proced woman?	lure to avert death or seri	ous impairment to	o the pregnant	that require woman?	d the proce	edure to	avert deat	th or serious impair	ment to the pregnant		
Date last normal menses	began	F	Physician estim	ate of gestation (i	n weeks)		Post fer	tilization age of the	fetus (in weeks)		
	11/04/2017			6				4			
How were the gestational SONOGRAM	l age and post fertilizatio	n age determined	?								
JOHOGNAW											
Full name of physician pe											
KATHLEEN GLOVER		1 1									
Address of physician perf 3607 WEST 16TH STR	=		ıty, state, and z	ıp code)							
	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·									
**Date Reported to Do	CS, if Patient under 14	4 (month, day, yed	ır):								

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Facility Name and Addr CLINIC FOR WOMEN - 3607 W	ress EST 16TH STREET SUITE B2,	INDIANAPOLIS, IN 46222	town, of pregna	•		County of pregnancy termination MARION					
			<u> </u>	INDIAN	.AFUL	.10	IVIANIUN				
24	Iarried ☐ Yes ■ No	Date of pregnancy term		Educa	tion	н		Diploma or GED			
Race American Indian or a Native Hawaiian or 0	Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		can American		known		c or Latino panic or Latino Unkno	own		
Live Births:	Number now living	2				er now d		0			
Other Terminations:	Number of spontaneo	us terminations 0			Numb	er of indu	uced terminat	ions 1			
Dates of terminations (<i>I</i> ₁ , 09/14/2013		nation. If more than six (6						6.			
Fetus delivered alive? Yes No		ime fetus survived:	Complication(s) of Pregnancy Ter ■ None □ Uterine Per								
Fetus viable? ☐ Yes ■ No	If viable, medical	reason for termination:		☐ Hemorrhage ☐ Cervical Lacera ☐ Infection ☐ Retained Product ☐ Other (Specify)							
Pathological examination performed? Yes No		IIC VILLI, & FETAL PA	ARTS			Did this		of pregnancy result in a materna	l death?		
Type of Termination Procedures											
Procedure that Terminat	ted Pregnancy	JI.				e that Ten	minated Preo	nancv			
☐ Medical (Nonsurgion Medical (Nonsurgio Medical (cal) Mifepristone			Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration										
For Medical (Surgical)	procedures, answer the fo	ollowing question.		For Medical (Surgical) procedures, answer the following question.							
	r have a post fertilization	• .		Was the fett	_	e or have		zation age at least 20 weeks?			
If the previous question	was answered yes, comp	olete the following question	ons.	If the previou	s questi	ion was aı	nswered yes,	complete the following question	s.		
Was the fetus given th ☐ Yes ☐ I	ne best opportunity to sur No	vive?			us giver Yes [opportunity t	o survive?			
		oregnant woman had a cor crious impairment to the pr						the pregnant woman had a cond or serious impairment to the pre			
Date last normal menses	s began	Physicia	an estimat	te of gestation (i	n weeks	s)	Post fertil	ization age of the fetus (in week.	s)		
How were the costation	10/15/2017	on age determined?		9				7			
SONOGRAM	How were the gestational age and post fertilization age determined? SONOGRAM										
Full name of physician p											
Address of physician pe 3607 WEST 16TH STF	-	umber and street, city, states, IN 46222	te, and zip	code)							
**Date Reported to D	OCS, if Patient under 1	4 (month, day, year):									

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Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 4	City or	town, of pregnanc	•	County of pregnancy termination							
Service of the servic		INDIANA	POLIS	MARION							
i i i i i i i i i i i i i i i i i i i	ancy termination 2/21/2017	Educatio	High S	chool Diploma or GED							
Race American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White	Black or Afric			nicity Hispanic or Latino Not Hispanic or Latino							
Live Births: Number now living 3			Number now decease	0							
Other Terminations: Number of spontaneous terminations 0			Number of induced to	erminations 1							
Dates of terminations (Do not include this termination. If more th	* **		5.	6							
Fetus delivered alive? Yes No If yes, length of time fetus survive			Con	nplication(s) of Pregnancy Termination							
		None Uterine Pe									
Fetus viable? If viable, medical reason for termi	nation:	On: Hemorrhage Cervical Lacera									
☐ Yes ■ No			☐ Infection	_							
Debat size la consideration of the consideration			Other (Specify)							
Pathological examination performed? If yes, results:											
☐ Yes ■ No				ination of pregnancy result in a maternal death? No							
	Type of Termi	nation Procedures									
Procedure that Terminated Pregnancy		Additional Proc	edure that Terminate	ed Pregnancy							
Medical (Nonsurgical) Mifepristone		Medical (N	Ionsurgical) Mifepri	stone							
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)		Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)									
Medical (Surgical) Suction Curettage			urgical) Suction Cur								
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)			urgical) Menstrual A urgical) Other (Spec								
For Medical (Surgical) procedures, answer the following question	1.	For Medical (Surgical) procedures, answer the following question.									
Was the fetus viable or have a post fertilization age at least 20 v ☐ Yes ☐ No	veeks?		viable or have a post	t fertilization age at least 20 weeks?							
If the previous question was answered yes, complete the followin	g questions.	If the previous of	question was answere	ed yes, complete the following questions.							
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			given the best oppor	tunity to survive?							
What was the basis for determination that the pregnant woman l				ion that the pregnant woman had a condition							
that required the procedure to avert death or serious impairment woman?	to the pregnant	woman?	ne procedure to avert	t death or serious impairment to the pregnant							
Date last normal menses began	Physician estimat	e of gestation (in v	weeks) Po	est fertilization age of the fetus (in weeks)							
10/24/2017 How were the gestational age and post fertilization age determine	ed?	7		5							
SONOGRAM											
Full name of physician performing termination KATHLEEN GLOVER											
Address of physician performing termination (<i>number and street</i> , 3607 WEST 16TH STREET , INDIANAPOLIS , IN 46222	city, state, and zip	code)									
**Date Reported to DCS, if Patient under 14 (month, day, y											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A	6222	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION						
Patient's age** 39	Mar	ried Yes No	Date of pregna	ncy term 2/21/201		Educa	ition			Unknown			
Race American Indian Native Hawaiian			Asian White	☐ Black		n American	☐ Ur	nknown		/ anic or Latino Hispanic or La] Unknown
Live Births:		Number now living	3				Numl	ber now d	eceased	0			
Other Termination	s:	Number of spontaneo					Numl	ber of ind	uced termi	nations 0			
Dates of termination	s (Do	not include this termi	nation. If more the				•	5			6		
Fetus delivered alive	?		ime fetus survive		4	•		5	Compli	cation(s) of Pr	egnancy	y Term	ination
☐ Yes ■ 1	No							1	None		Uterin	e Perfo	oration
								- ₋ 1	Hemorrhag	е 🗆	Cervic	cal Lac	eration
Fetus viable? Yes I	No	If viable, medica	l reason for termin	nation:				 	nfection		Retain	ed Pro	ducts
					Other (Spec	cify)							
Pathological examin	ation	If yes, results:						_	, 1				
performed?	No					Did this	s terminati	on of pregnan	cv resul	lt in a r	naternal death?		
				Ye:			icy resur		maternar death:				
Type of Termination Procedures													
Procedure that Term	inated	l Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy			
Medical (Nonsu					Mifepriston Misoprosto								
	■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)								Other (Spec				
		uction Curettage							on Curetta				
Medical (Surgio		Ienstrual Aspiration other (Specify)							strual Aspi r (<i>Specif</i> y)	ration			
For Medical (Surgical	al) pro	ocedures, answer the f	ollowing question	1.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab		ave a post fertilizatio	n age at least 20 w	veeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							ks?
		as answered yes, com	plete the following	g questio	ns.	_			nswered y	es, complete t	he follo	wing q	questions.
Was the fetus give		pest opportunity to su	vive?				us give Yes [opportuni	ty to survive?			
		etermination that the	aregnant woman k	nad a con	dition	_	_		mination t	hat the pregna	ant wom	an had	La condition
		are to avert death or se											the pregnant
woman :						woman:							
Date last normal me	nses h	egan	T	Physicia	n estimate	of gestation (in week	(3)	Post fe	rtilization age	e of the	fetus (i	in weeks)
	1	0/13/2017		-		6		/	2 350 10	uson ugo	4	(1	
How were the gestat SONOGRAM	ional	age and post fertilizat	ion age determine	d?									
Full name of physician performing termination													
Address of physician		orming termination (n	umber and street.	city, stat	e. and zin	code)							
	-	EET, INDIANAPOLI											
**Date Reported t	to DC	S, if Patient under	14 (month, day, y	ear):									
-		Y ISDH (month, da								_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222 Cit							ncy termination		County of pregnancy termination MARION		
D. (2)		ı	D. C			T	··				
Patient's age** 35	Marri	ied ■ Yes □ No		nancy terminati 12/29/2017	ion	Educat			ol Diploma or GED		
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	☐ Black or ☐ Other	Africa	an American	Unknown	■ Not I	nnic or Latino Hispanic or Latino		
Live Births:		Number now living	2				Number now d	eceased	0		
Other Terminations	s: 1	Number of spontaneous	s terminations 0				Number of ind	uced termin	nations 1		
Dates of terminations 1. 01/12/2007	s (Do n	not include this termina	tion. If more t	han six (6), the	ose mo	ost recent.)	5		6		
Fetus delivered alive	?	If yes, length of tin		red:				Complic	eation(s) of Pregnancy Termination		
Yes I N	No						■ 1	None	☐ Uterine Perforation		
					☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable? Yes IN	Jo	If viable, medical r	eason for term	nination:		☐ Infection ☐ Retained Products					
	10								_		
Deth-lesi ed service	-4:	If						Other (Spec	rify)		
Pathological examina performed?	mon	If yes, results:									
■ Yes □ N	No	SAC, CHORIONIC	C VILLI, & FI	ETAL PARTS	8		Did this		on of pregnancy result in a maternal death?		
								S <u> </u>)		
Type of Termination Procedures											
Procedure that Termi	nated	Pregnancy					ocedure that Ter	minated Pr	regnancy		
						_					
Medical (Nonsur						☐ Medical	(Nonsurgical) N (Nonsurgical) N	Aisoprostol			
Medical (Nonsur	rgical)	Other (Specify)				Medical (Nonsurgical) Other (Specify)					
Medical (Surgical							(Surgical) Sucti				
☐ Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Med		enstrual Aspiration her (Specify)				☐ Medical ☐ Medical	(Surgical) Mens (Surgical) Other	strual Aspii r (<i>Specif</i> y)	ration		
For Medical (Surgica	ıl) prod	cedures, answer the foll	lowing question	on.		For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable		we a post fertilization a	age at least 20	weeks?			us viable or have Yes No	a post fert	ilization age at least 20 weeks?		
	_	s answered yes, comple	ete the following	ng questions.		_	_	nswered ye	es, complete the following questions.		
Was the fetus given	the be	est opportunity to survi				Was the fetu	us given the best	•			
☐ Yes ☐	」No					□ 7	Yes No				
		termination that the pro e to avert death or serio							hat the pregnant woman had a condition the or serious impairment to the pregnant		
Data last married	1000 L	gan		Dhysisi	tim-1	of gostation (in weeks)	Doct f	utilization ago of the fatus (in the land		
Date last normal men		gan)/04/2017		rnysician es	umate	e of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks) 11		
How were the gestational age and post fertilization age determined?								1			
30 00 .07.00	SONOGRAM										
Full name of physicia RESAD PASIC	an perf	Forming termination									
Address of physician	-	rming termination (num		t, city, state, ar	nd zip	code)					
Z411 NEVVBURG R	ار LO										
**Date Reported to	o DCS	S, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST	16TH STREET SUITE B2, IN	NDIANAPOLIS, IN	46222	City or t		ncy termination		County of pregna	ncy termination ARION	
Dationt's access			Date of	anay tagenin	tion	Pd	tion				
Patient's age** 26	Marri	ed Yes No	Date of pregn	12/29/2017	ition	Educat			ool Diploma or Gl	ED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black o	or Africa	an American	Unknown		y anic or Latino Hispanic or Latino	Unknown	
Live Births:	ı	Number now living	2				Number now o	leceased	0		
Other Termination	ıs:	Number of spontaneou	s terminations				Number of ind	uced termi	nations 0		
Dates of termination	is (Do n	ot include this termina	ation. If more t	than six (6), th	hose mo	ost recent.)					
1		ı	3			4	5	Complia	cation(s) of Pregnan	av Tamaination	
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ved:				•	_		
										ine Perforation	
Fetus viable?		If viable, medical i	reason for term	nination:		Hemorrhage Cervical Laceration					
☐ Yes ■ No								Infection	☐ Reta	ined Products	
							Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:									
■ Yes □	No	SAC, CHORIONI	C VILLI, & F	ETAL PART	rs					ult in a maternal death?	
							☐ Ye	s 🔳 N	0		
Type of Termination Procedures											
				Type of	Termin						
Procedure that Term	inated l	Pregnancy				Additional Pr	ocedure that Ter	minated Pr	regnancy		
Medical (Nonsu Medical (Nonsu							(Nonsurgical) N				
Medical (Nonsu						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgio							(Surgical) Suct				
☐ Medical (Surgion Med		enstrual Aspiration her (Specify)					(Surgical) Men (Surgical) Othe				
For Medical (Surgic	al) proc	edures, answer the fol	lowing questic	on.		For Medical ((Surgical) proced	lures answ	ver the following qu	estion	
, ,		ve a post fertilization a	0 1								
Was the fetus viab. ☐ Yes [ve a post termization a	age at least 20	weeks?			Yes No	e a post teri	tilization age at leas	t 20 weeks?	
If the previous quest	ion was	s answered yes, comple	ete the followi	ng questions.		If the previou	s question was a	inswered ye	es, complete the fol	lowing questions.	
		est opportunity to survi	ive?				us given the best	opportuni	ty to survive?		
☐ Yes ☐	☐ No						Yes No				
		termination that the pro e to avert death or seri								man had a condition	
woman?			· ·	1 .8		woman?	<u>r</u>		Γ	1 .2	
Date last normal me		_		Physician e	estimate	e of gestation (i	n weeks)	Post fe	ertilization age of the	· · · · · · · · · · · · · · · · · · ·	
How were the gestat		ge and post fertilization	n age determin	l ned?		12			10		
SONOGRAM		<u>-</u>									
Full name of physici	ian perf	orming termination									
	n perfor	ming termination (num	nber and stree	t, city, state, a	and zip	code)					
2411 NEWBURG F	RD, LO	UISVILLE, KY 4020	5								
**Date Reported t	to DCS	5, if Patient under 14	l (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222						own, of pregna		ancy termination MARION				
D			D : 1			T ex	·•					
Patient's age** 21	Marri	ed ■ Yes 🔲 No	Date of pregn	nancy termin		Educa	tion		ool Diploma or C	GED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		n American	☐ Unknov		ty panic or Latino Hispanic or Latino	Unknown		
Live Births:	1	Number now living	0				Number no	ow deceased	0			
Other Termination	s:	Number of spontaneou					Number of	f induced term				
Dates of termination 1. 06/22/2017		ot include this termina	•			st recent.)		5	6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:				Compl	ication(s) of Pregna	ancy Termination		
☐ Yes ■ 1	No				■ None ☐ Uterine Perforation							
								☐ Hemorrha	ge 🔲 Ce	rvical Laceration		
Fetus viable? Yes I	Nο	If viable, medical	reason for term	nination:				☐ Infection	□ Re	tained Products		
									_			
Pathological examin	ation	If yes, results:						Other (Sp.	есіју)			
performed?	ation											
■ Yes □	SAC & CHORIO	NIC VILLI				Dic			esult in a maternal death?			
								103	10			
Type of Termination Procedures												
Procedure that Term	inated l	Pregnancy		7.1		Additional Pr		t Terminated l	Pregnancy			
		•										
Medical (Nonsu	ırgical)	Misoprostol				■ Medical	(Nonsurgica	al) Mifepristo al) Misoprost	ol			
Medical (Nonsu	ırgical)	Other (Specify)				Medical (Nonsurgical) Other (Specify)						
Medical (Surgio	cal) Su	ction Curettage				Medical	(Surgical) S	Suction Curett	age			
☐ Medical (Surgion Med		enstrual Aspiration her (Specify)					(Surgical) N (Surgical) C	Menstrual Asp Other (<i>Specify</i>	oiration)			
For Medical (Surgic	al) proc	edures, answer the fol	llowing question	on.		For Medical	(Surgical) pr	ocedures, ans	wer the following of	uestion.		
Was the fetus viab	le or ha	ve a post fertilization				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	No No					_	Yes					
		s answered yes, compl		ng question	is.	_	_		yes, complete the fo	ollowing questions.		
	n the be	est opportunity to surv	rive?				us given the Yes \[\] No		ity to survive?			
		termination that the pr								oman had a condition		
that required the process woman?	ocedur	e to avert death or seri	ious impairmer	nt to the pre	gnant	that require woman?	d the proced	ure to avert d	eath or serious impa	airment to the pregnant		
Date last normal me	nses be	gan		Physician	n estimate	of gestation (i	in weeks)	Post	fertilization age of t	he fetus (in weeks)		
	11	/02/2017		•		8		1 550		6		
	ional aş	ge and post fertilization	n age determin	ned?								
SUNUGRAM	SONOGRAM											
Full name of physici	an nerf	orming termination										
RESAD PASIC	•											
	-	ming termination (num		t, city, state	e, and zip o	code)						
**Date Reported t	o DCS	s, if Patient under 14	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST	16TH STREET SUITE B2, IN	NDIANAPOLIS, IN	46222 Ci	ity or to	y or town, of pregnancy termination INDIANAPOLIS			County of pregnan	ncy termination ARION	
Dationt's **	_		Data -£		tion-	Tr. 1	ion				
Patient's age** 35	Marri	ed ■ Yes □ No		nancy terminat 12/29/2017	tion	Educat	ion		elor's Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black or ☐ Other	Africa	n American	Unknown		anic or Latino Hispanic or Latino	Unknown	
Live Births:	ı	Number now living	1				Number now d	eceased	0		
Other Termination	ıs:	Number of spontaneou	s terminations				Number of ind	uced termi	nations 0		
Dates of termination UNKNOWN	is (Do n	ot include this termina	,	than six (6), th		st recent.)	5		6.		
Fetus delivered alive	e?	If yes, length of tir						Complic	cation(s) of Pregnan	cy Termination	
☐ Yes ■ 1	No				■ None ☐ Uterine Perforation						
F		76 : 11 1: 1	<u> </u>	• ,•			— п	Hemorrhag	e 🗌 Cerv	ical Laceration	
Fetus viable? Yes	No	If viable, medical i	eason for term	iination:				nfection	☐ Reta	ined Products	
								Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:									
■ Yes □	No	SAC & CHORION	NIC VILLI			Did this termination of pregnancy result in a maternal death Yes No					
							•				
				Type of	Termin	ation Procedur	res				
Procedure that Term	inated l	Pregnancy				Additional Pro	ocedure that Ter	minated Pr	regnancy		
Medical (Nonsu							(Nonsurgical) M				
Medical (Nonsu		Other (Specify)				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgio					_		(Surgical) Sucti				
Medical (Surgion Medica		enstrual Aspiration her (Specify)					(Surgical) Mens (Surgical) Other		ration		
For Medical (Surgic	al) proc	edures, answer the fol	lowing question	on.	_	For Medical (Surgical) procedures, answer the following question.					
Was the fetus viab		ve a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No					
		s answered yes, comple	ete the followi	ng questions.		If the previous	s question was a	nswered ye	es, complete the foll	owing questions.	
	n the be	est opportunity to survi	ive?				is given the best	opportunit	ty to survive?		
		termination that the pr	egnant woman	had a condition	on	_	_	mination t	hat the pregnant wo	man had a condition	
		e to avert death or seri								rment to the pregnant	
Date last normal me		gan /13/2017		Physician es	stimate	of gestation (in	n weeks)	Post fe	rtilization age of the	e fetus (in weeks)	
_		ge and post fertilization	n age determin	ned?					·		
SONOGRAM											
Full name of physici	ian perf	orming termination									
RESAD PASIC Address of physician performing termination (number and street, city, state, and a						code)					
	-	UISVILLE, KY 4020									
**Date Reported t	to DCS	5, if Patient under 14	(month, day,	year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST	16TH STREET SUITE B2, II	NDIANAPOLIS, IN	46222	City or town, of pregnancy termination INDIANAPOLIS				County of pregnan	ncy termination ARION	
D-4:4'**	I		Data of amoun		-4:	F4	4:				
Patient's age** 44	Marri	ed □ Yes ■ No	Date of pregr	12/29/2017	ation	Educa	tion		Unknown		
Race American Indian Native Hawaiian			Asian White	☐ Black o ■ Other	or Africa	n American	Unknown		y anic or Latino Hispanic or Latino	Unknown	
Live Births:	ı	Number now living	1				Number now o	leceased	0		
Other Termination	ıs: N	Number of spontaneou	s terminations				Number of ind	luced termi	nations 1		
Dates of termination	is (Do n	ot include this termino	ution. If more t			,	5		. 6		
Fetus delivered alive	e?	If yes, length of tir			·			Compli	cation(s) of Pregnan	cy Termination	
☐ Yes ■	No					■ None ☐ Uterine Perforation					
								Hemorrhag	te 🗌 Cerv	ical Laceration	
Fetus viable? Yes	No	If viable, medical i	reason for term	nination:				Infection	_	ined Products	
	. 10									med Froducts	
Pathological examin	ation	If yes, results:						Other (Spec	cijy)		
performed?		SAC & CHORION	NIC VILLI			Did this termination of pregnancy result in a maternal dear					
■ Yes □	No	OAO & OHORIOI	VIO VILLI				Did thi			ult in a maternal death?	
				Type of	Termin	ation Procedur	res				
Procedure that Term	inated I	Pregnancy				Additional Pr	ocedure that Ter	rminated Pr	regnancy		
☐ Medical (Nonsu	ırgical)	Mifepristone				☐ Medical	(Nonsurgical) I	Mifepriston	ie		
Medical (Nonsu	ırgical)	Misoprostol				■ Medical	(Nonsurgical) (Nonsurgical) (Misoprosto	1		
- Wedlear (Fronse	argicui)	Giller (Specify)				Wedlear	(Tronsurgicus)	other (spee	957		
	1) G						(G : 1) G :				
	cal) Me	enstrual Aspiration				■ Medical	(Surgical) Suct (Surgical) Men	strual Aspi	ration		
Medical (Surgio	cal) Oth	ner (Specify)				☐ Medical	(Surgical) Othe	r (Specify)			
For Medical (Surgic	al) proc	edures, answer the fol	lowing question	on.		For Medical (Surgical) procedures, answer the following question.					
Was the fetus viab ☐ Yes [ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No					
If the previous quest	ion was	answered yes, comple	ete the followi	ng questions.		If the previou	s question was a	nswered y	es, complete the following	owing questions.	
	n the be	est opportunity to surv	ive?				us given the best	t opportuni	ty to survive?		
	_	termination that the pr	egnant woman	had a conditi	ion	_		rmination t	hat the pregnant wo	man had a condition	
		e to avert death or seri								ment to the pregnant	
woman !						woman!					
Date last normal me	nces ha	gan		Physician	ectimete	of gestation (i	in wooks)	Dogt fo	ertilization age of the	e fetus (in weeks)	
Date last normal file		/08/2017		1 mysician e	-sumate	8		1 051 16	6	. isias (in weeks)	
_	ional ag	ge and post fertilization	n age determin	ned?							
SONOGRAM											
Full name of physic	ian perf	orming termination									
RESAD PASIC	ming tormination (t aits at-t-	and -:	anda)							
Address of physician performing termination (<i>number and street, city, state, and</i> 2411 NEWBURG RD, LOUISVILLE, KY 40205						coae)					
**Date Reported t	to DCS	, if Patient under 14	l (month, day,	year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Facility Name and Add CLINIC FOR WOMEN - 3607 V	dress WEST 1	6TH STREET SUITE B2, IN	DIANAPOLIS, IN	46222 City	y or tow		ncy termination		County of pregnancy termination MARION		
D		Т	D. C.				<i>.</i> ·				
21	Marrie [d Yes No		nancy termination 12/29/2017	on	Educa	tion		eth, No Diploma		
Race American Indian or Native Hawaiian or	Other	Pacific Islander	Asian White	Black or A	African A	American	Unknown	■ Not l	y anic or Latino Hispanic or Latino		
Live Births:	N	umber now living	2				Number now o	leceased	0		
Other Terminations:	N	umber of spontaneous	s terminations 0				Number of inc	luced termi	inations 0		
Dates of terminations (Do no	t include this termina	tion. If more t	han six (6), tho	se most i	recent.)					
1	2	1	3		4		5	Compli	cation(s) of Pregnancy Termination		
Fetus delivered alive? Yes No)	If yes, length of tim	ie fetus surviv	ed:				_			
					■ None ☐ Uterine Perforation						
Fetus viable?		If viable, medical re	eason for term	nination:				Hemorrhag	ge Cervical Laceration		
☐ Yes ■ No)					☐ Infection ☐ Retained Products					
								Other (Spe	cify)		
Pathological examinati	ion	If yes, results:									
performed? • Yes • No	0	SAC & CHORION	IIC VILLI		Did this termination of pregnancy result in a materna						
							☐ Ye				
Г											
				Type of To	erminati	on Procedu	res				
Procedure that Termina	ated P	regnancy			A	dditional Pr	ocedure that Te	rminated P	regnancy		
☐ Medical (Nonsurg						_					
☐ Medical (Nonsurg	gical)	Misoprostol				☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol					
Medical (Nonsurg	gical)	Other (Specify)				☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical					_ =		(Surgical) Suct				
Medical (Surgical Medical (Surgical						Medical Medical	(Surgical) Men (Surgical) Othe	strual Aspı er (<i>Specify)</i>	iration		
For Medical (Surgical)	proce	dures, answer the foll	owing question	on.	_ _	or Medical ((Surgical) proce	dures, answ	ver the following question.		
Was the fetus viable		e a post fertilization a	ge at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?					
Yes •		on avviaged via a commit	to the fellow	ma ayaatiana	T.C	_	Yes No	an arriana di via	as complete the following exections		
If the previous question				ng questions.		_			es, complete the following questions.		
Was the fetus given t ☐ Yes ☐		t opportunity to survi	ve?				us given the bes Yes \(\sime\) No	t opportuni	ty to survive?		
		rmination that the pre							that the pregnant woman had a condition		
that required the proc woman?	cedure	to avert death or serio	ous impairmer	nt to the pregnar		that required woman?	d the procedure	to avert dea	ath or serious impairment to the pregnant		
Date last normal mense	es hee	an		Physician est	imate of	gestation /	n weeks)	Post fo	ertilization age of the fetus (in weeks)		
Date last normal mense	_	an 04/2017		i nysician est	iiiiale Ol	8	n weeksj	rost le	6		
How were the gestation	nal age	e and post fertilization	age determin	ed?				•			
SONOGRAM											
E 11	^										
Full name of physician RESAD PASIC											
Address of physician p 2411 NEWBURG RD		-		t, city, state, and	d zip cod	de)					
		,									
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANA	APOLIS, IN 46222	•		ncy termination		County of pregnan	cy termination		
11111100	of pregnancy termi	ination	Educat	ion					
22 Yes ■ No Race	12/29/201	7			Ethnicity	Jnknown			
American Indian or Alaska Native As Native Hawaiian or Other Pacific Islander Wi		x or African Amo	erican	Unknown Number now d	Hispa Not H	nnic or Latino Hispanic or Latino	Unknown		
Live Births:	2					0			
Other Terminations: Number of spontaneous term	0			Number of ind	iced termi	nations 1			
Dates of terminations (Do not include this termination. 1. 07/27/2017 2	*		ent.)	5		6			
Fetus delivered alive? If yes, length of time fet	us survived:				Complic	cation(s) of Pregnanc	ey Termination		
			■ None ☐ Uterine Perforation						
Fetus viable? If viable, medical reason	n for termination:			D F	Hemorrhag	e 🗌 Cervi	cal Laceration		
☐ Yes ■ No				I	nfection	Retai	ned Products		
					Other (Spec	cify)			
Pathological examination If yes, results: performed?									
Yes No SAC, CHORIONIC VIL	LLI, & FETAL PAI	RTS		Did this			Ilt in a maternal death?		
						·			
	Туре	of Termination	Procedur	es					
Procedure that Terminated Pregnancy				ocedure that Ter	minated Pr	regnancy			
☐ Medical (Nonsurgical) Mifepristone									
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)									
Wiedical (Nonsuigical) Other (Specify)			wicuicar	(I tolisuigical)	ther (spec	99)			
		_							
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			Medical ((Surgical) Sucti (Surgical) Mens	trual Aspii	ge ration			
Medical (Surgical) Other (Specify)			Medical ((Surgical) Other	(Specify)				
For Medical (Surgical) procedures, answer the followin	a question	Earl	For Medical (Surgical) procedures, answer the following question.						
			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viable or have a post fertilization age at ☐ Yes ■ No	. ieast 20 weeks?	Wa		is viable or have es	a post fert	шzauoп age at least	ZU WEEKS!		
If the previous question was answered yes, complete the	e following question		_	_	-	es, complete the follo	owing questions.		
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No		Wa		is given the best Yes No	opportunit	y to survive?			
What was the basis for determination that the pregnan that required the procedure to avert death or serious in						hat the pregnant wor th or serious impair	nan had a condition ment to the pregnant		
woman?		wor	man?						
	1				In a				
Date last normal menses began UNKNOWN	Physicia	n estimate of ges	station (ii 9	n weeks)	Post fe	rtilization age of the	tetus (in weeks)		
How were the gestational age and post fertilization age SONOGRAM	determined?				ı				
L									
Full name of physician performing termination RESAD PASIC									
Address of physician performing termination (number of	and street, city, state	e, and zip code)							
2411 NEWBURG RD, LOUISVILLE, KY 40205									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A		16TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or town,	or town, of pregnancy termination INDIANAPOLIS				County of preg	mancy termination MARION	
Patient's age**	Marrie	ed	Date of pregnancy term	nination	Educa	tion					
37	_	Yes No	12/29/20				Н		ol Diploma or	GED	
Race American Indian Native Hawaiian	or Othe		☐ Asian ☐ Blac ☐ White ☐ Othe	k or African Ar	merican	Unk	known er now d	■ Not I	y anic or Latino Hispanic or Latin	Unknown	
Live Births:	N	Tumber of spontaneou	4 as terminations					uced termi	0 nations		
Other Termination	S.	*	1 ation. If more than six (6) those most re	ecent)				0		
1. UNKNOWN			3				5		6		
Fetus delivered alive		If yes, length of ti	me fetus survived:		Complication(s) of Pregnancy Term					ancy Termination	
	110						• 1	None	☐ U	erine Perforation	
Fetus viable?		If viable, medical	reason for termination:				☐ I	Hemorrhag	ge 🗌 Co	ervical Laceration	
☐ Yes ■	No						☐ I	nfection	☐ Re	etained Products	
								Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:									
■ Yes □	No	SAC & CHORIO	NIC VILLI		Did this termination of pregnancy result in a maternal deat						ath?
					☐ Yes ■ No						
			Type	of Termination	n Procedu	res					
Procedure that Term	inated F	Pregnancy	- 775				that Ter	minated P	regnancy		
☐ Medical (Nonsu									•		
Medical (Nonsu											
iviedicai (i vonst	iigicai)	Other (Specify)			Wicalcai	(140ffsti)	gicai) C	жист (Брес	<i>.gy)</i>		
Madical (Sympic	1) Cua	stian Cumatta aa		_	Madical	(Cumai aa	1) Custi	on Curetta			
	cal) Me	nstrual Aspiration			Medical	(Surgica	al) Mens	strual Aspi	ge ration		
Medical (Surgio	cal) Oth	ier (Specify)			Medical	(Surgica	il) Othe	r (Specify)			
	•								1 6 11		
	_	edures, answer the fo			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or hav	ve a post fertilization	age at least 20 weeks?	W		us viable Yes		a post fer	tilization age at le	ast 20 weeks?	
If the previous quest	ion was	answered yes, compl	lete the following question	ons. If the	he previou	s questic	on was a	nswered y	es, complete the f	following questions.	
	n the be	st opportunity to surv	rive?	W		us given Yes 🔲		opportuni	ty to survive?		
that required the pr			regnant woman had a cor ious impairment to the pr	regnant th	at require					woman had a condition airment to the pregnar	
woman?				w	oman?						ļ
Data last name -1	nege L -	ran	Di: '	on actimata -f	restation /	n mast.		Doot f	urtilization a · C	the fetus (in	
Date last normal me	11	/06/2017		an estimate of g	gestation (i	n weeks)	<i>,</i>	POST IC	innzation age of	the fetus (in weeks) 6	
How were the gestat SONOGRAM	ional ag	e and post fertilization	on age determined?					•			
Full name of physici	ian perfo	orming termination									
	n perfori	ming termination (num	mber and street, city, sta	te, and zip code	?)						
2411 NEWBURG F	RD, LO	UISVILLE, KY 4020	05								
**Date Reported t	to DCS	, if Patient under 1	4 (month, day, year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A CLINIC FOR WOMEN - 366		6TH STREET SUITE B2, I	NDIANAPOLIS, IN 46222	City or	town, of pregna	ncy terminat	tion	County of pregnancy termination MARION		
Patient's age** 27	Marrie [ed ☐ Yes ■ No	Date of pregnancy te		Educat	tion		ollege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ B ☐ White ■ O		can American	Unknow		/ anic or Latino Hispanic or Latino ☐ Unknown		
Live Births:	N	umber now living	1				ow deceased	0		
Other Termination	15.	umber of spontaneou	s terminations 0			Number of	induced termi			
Dates of termination 1. UNKNOWN	ns (Do no	ot include this termin	ation. If more than six	(6), those n	nost recent.)		5	6		
Fetus delivered alive		If yes, length of tir	me fetus survived:				Complic	cation(s) of Pregnancy Termination		
☐ Yes ■	No				■ None ☐ Uterine Perforati					
F		TC : 11 1: 1	C] Hemorrhag	e Cervical Laceration		
Fetus viable? Yes	No	If viable, medical	reason for termination	:			Infection	☐ Retained Products		
					Other (Specify)					
Pathological examin	ation	If yes, results:					_ Oulei (Spec	-497)		
performed?		ii yes, resuits.								
☐ Yes ■	No				Did this termination of pregnancy result in a maternal death Yes No					
						,	100 🔲 111			
			Ту	pe of Term	ination Procedur	es				
Procedure that Term	ninated P	regnancy			Additional Pr	ocedure that	Terminated Pr	regnancy		
Medical (Nonsurgical) Mifepristone										
Medical (Nonst	urgical)	Misoprostol			Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol					
Medical (Nonst	urgical)	Other (Specify)			Medical (Nonsurgical) Other (Specify)					
Medical (Surgio							Suction Curetta			
Medical (Surgio		nstrual Aspiration er (Specify)			Medical	(Surgical) N (Surgical) C	Menstrual Aspi Other (Specify)	ration		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question		For Medical (Surgical) pro	ocedures, answ	ver the following question		
			age at least 20 weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?					
	□ No	e a post fertilization	age at least 20 weeks?		was the fett			inization age at least 20 weeks?		
			ete the following ques	stions.		_		es, complete the following questions.		
Was the fetus give		st opportunity to surv	ive?			is given the Yes \(\sime\) No	best opportunit	ty to survive?		
			regnant woman had a do					hat the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?	rocedure	to avert death of ser	tous impairment to the	pregnant	woman?	i tile procedi	ure to avert dea	un of serious impairment to the pregnant		
Date last normal me	nses beg	an	Physi	ician estima	te of gestation (i	n weeks)	Post fe	rtilization age of the fetus (in weeks)		
	UN	KNOWN			8	<u> </u>		6		
How were the gestate SONOGRAM	tional ag	e and post fertilization	n age determined?							
Full name of physics	ian perfo	rming termination								
Address of physician	-	-	mber and street, city, s	state, and zi	p code)					
2411 NEWBURG F	ND, LOU	JIOVILLE, KY 4020	ນ							
**Date Reported	to DCS,	, if Patient under 1	4 (month, day, year):					_		

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Facility Name and Address CLINIC FOR WOMEN - 3607 WES	SS ST 16TH STREET SUITE B2, II	NDIANAPOLIS, IN 46222	City or to		ncy termination	l	County of pregnancy termination MARION		
19	rried Yes No	Date of pregnancy ter		Educat	tion		ollege, No Degree		
Race American Indian or Al Native Hawaiian or Ot		☐ Asian ☐ Bla ☐ White ☐ Oth		nn American	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	Number now living	0			Number now	deceased	0		
Other Terminations:	Number of spontaneou				Number of inc	duced termin			
Dates of terminations (Do	not include this termine	ution. If more than six (6), those mo	ost recent.)			0		
1	2	3	4	1	5		6		
Fetus delivered alive? Yes No	If yes, length of tir	ne fetus survived:				Complic	cation(s) of Pregnanc	y Termination	
_ res = No					•	None	☐ Uterin	e Perforation	
Fetus viable?	If viable medical	eason for termination:				Hemorrhage	e 🔲 Cervio	cal Laceration	
Yes No	ii viable, illedical i	eason for termination:				Infection	☐ Retain	ed Products	
						Other (Spec	rify)		
Pathological examination	If yes, results:					Outer (Spec	.(1)		
performed?									
■ Yes □ No	SAC & CHORIOI	NIC VILLI			Did thi ☐ Ye			t in a maternal death?	
					1		,		
		Т							
		19]	be of Termin	nation Procedur					
Procedure that Terminated	d Pregnancy			Additional Pr	ocedure that Te	rminated Pr	regnancy		
Medical (Nonsurgica					(Nonsurgical)				
☐ Medical (Nonsurgica☐ Medical (Nonsurgica					(Nonsurgical) (Nonsurgical)				
■ Madical (Consider) 6				☐ M-4:1	(C	: C#-			
Medical (Surgical) SMedical (Surgical) M	Menstrual Aspiration			Medical	(Surgical) Suct (Surgical) Men	strual Aspii			
Medical (Surgical) (Other (Specify)			☐ Medical	(Surgical) Othe	er (Specify)			
For Medical (Surgical) pro	ocedures, answer the fol	lowing question.		For Medical (Surgical) proce	dures, answ	er the following ques	stion.	
Was the fetus viable or l	have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?					
☐ Yes ■ No	0				les No	•	C		
If the previous question w	as answered yes, compl	ete the following quest	ions.	If the previou	s question was	answered ye	es, complete the follo	wing questions.	
Was the fetus given the	best opportunity to surv	ive?		Was the fetu	as given the bes	t opportunit	y to survive?		
☐ Yes ☐ No	0				Yes □ No		•		
What was the basis for c							hat the pregnant won		
that required the procedum woman?	ure to avert death or seri	ous impairment to the	pregnant	woman?	the procedure	to avert dea	th or serious impairn	nent to the pregnant	
D-4-1-41 1		Discosite		-£+: /:		D4-6-	-4:1:4:	Setera (in any de)	
Date last normal menses b	oegan 10/23/2017	Physic	rian estimate	of gestation (in	n weeks)	Post le	rtilization age of the 5	ietus (in weeks)	
How were the gestational	age and post fertilizatio	n age determined?							
SONOGRAM									
Full name of physician pe	rforming termination								
Address of physician perf	forming termination (nur	nber and street, city st	ate, and zin	code)					
3607 WEST 16TH STRE	=		, дер	,					
**Date Reported to DO	CS, if Patient under 14	(month, day, year): _					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addres	SS ST 16TH STREET SUITE B2, INDIANAPOL	City	or town, of pregnancy	•	County of pregnancy termination			
			INDIANAI	rulia .	MARION			
Patient's age** Mai	rried Date of p	pregnancy termination 12/30/2017	Education		ool Diploma or GED			
Race American Indian or A Native Hawaiian or O			frican American		ty panic or Latino Hispanic or Latino			
Live Births:	Number now living	1	N	lumber now deceased	0			
Other Terminations:	Number of spontaneous termina	tions	N	Number of induced term	inations 0			
· ·	not include this termination. If m	1 / / /	,					
Fetus delivered alive? Yes No	If yes, length of time fetus s		4	5Compl	ication(s) of Pregnancy Termination Uterine Perforation			
Fetus viable? Yes No	If viable, medical reason for	termination:		☐ Hemorrhage ☐ Cervical Lacera☐ Infection ☐ Retained Produ☐ Other (Specify)				
Pathological examination	If yes, results:							
performed? • Yes • No	SAC & CHORIONIC VILL	I		Did this terminat	ion of pregnancy result in a maternal death?			
		T 6 T	main ation. Des.					
December of the state of the st	4 D.,	Type of Te	mination Procedures		D			
Procedure that Terminated				edure that Terminated I				
Medical (Nonsurgica Medical (Nonsurgica Medical (Nonsurgica	d) Misoprostol		☐ Medical (No	onsurgical) Mifepristo onsurgical) Misoprosto onsurgical) Other (Spe	ol			
Medical (Surgical) S Medical (Surgical) Medical (Surgical) C	Menstrual Aspiration		Medical (Su	urgical) Suction Curett urgical) Menstrual Asp urgical) Other (Specify	piration			
For Medical (Surgical) pr	ocedures, answer the following qu	nestion.	For Medical (Su	rgical) procedures, ans	wer the following question.			
Was the fetus viable or l ☐ Yes ■ N	have a post fertilization age at leas o	st 20 weeks?		viable or have a post fe	rtilization age at least 20 weeks?			
If the previous question w	vas answered yes, complete the fol	lowing questions.	If the previous q	uestion was answered	yes, complete the following questions.			
Was the fetus given the ☐ Yes ☐ No	best opportunity to survive?			given the best opportung	ity to survive?			
	letermination that the pregnant wo ure to avert death or serious impai				that the pregnant woman had a condition eath or serious impairment to the pregnant			
L								
	10/28/2017		nate of gestation (in w	veeks) Post 1	Fertilization age of the fetus (in weeks) 6			
How were the gestational SONOGRAM	age and post fertilization age dete	ermined?						
Full name of physician pe								
Address of physician perf	Forming termination (number and OUISVILLE, KY 40205	street, city, state, and	zıp code)					
**Date Reported to DO	CS. if Patient under 14 (month.	dav. vear):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add			IDIANAPATA	City o	r town, of pregna	ancy termination	County of pregnancy ter	mination		
CLINIC FÖR WOMEN - 3607 W	VEST 16	OTH STREET SUITE B2, II	NDIANAPOLIS, IN	46222	INDIAI	NAPOLIS	MARIO	N		
Patient's age** 33	Marrie:	i Yes • No		ancy termination	Educa	ntion	Bachelor's Degree			
Race American Indian or Native Hawaiian or	Other	Pacific Islander	Asian White	☐ Black or Afr	ican American	Unknown		Unknown		
Live Births:		ımber now living	2			Number now d	0			
Other Terminations:		ımber of spontaneou	2			Number of ind	aced terminations			
Dates of terminations (i			tion. If more t		most recent.)	5	6			
Fetus delivered alive? Yes No	ı	If yes, length of tir				• 1	Complication(s) of Pregnancy Ter			
					─────────────────────────────────────					
Fetus viable? ☐ Yes ■ No		If viable, medical i	reason for term	ination:	☐ Infection ☐ Retained Products					
					Other (Specify)					
Pathological examination	on	If yes, results:								
performed? • Yes • No)	SAC, CHORIONI	C VILLI, & FI	ETAL PARTS		Did thi	termination of pregnancy result in a No	maternal death?		
				Type of Terr	nination Procedu	ires				
Procedure that Termina	ated Pr	egnancv		- 5 00 1011			ninated Pregnancy			
☐ Medical (Nonsurgi		•				(Nonsurgical) N				
Medical (Nonsurgi	ical) I	Misoprostol			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
Medical (Surgical) Medical (Surgical) Medical (Surgical)) Men	strual Aspiration			☐ Medical	(Surgical) Sucti (Surgical) Mens (Surgical) Othe	trual Aspiration			
For Medical (Surgical)	proce	dures, answer the fol	lowing question	on.	For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable o		e a post fertilization a	age at least 20	weeks?		tus viable or have Yes \(\Boxed{\text{No}}\) No	a post fertilization age at least 20 we	eeks?		
If the previous question	ı was a	nnswered yes, compl	ete the following	ng questions.	If the previou	us question was a	nswered yes, complete the following	questions.		
Was the fetus given th		t opportunity to surv	ive?			tus given the best Yes No	opportunity to survive?			
What was the basis for that required the process woman?							mination that the pregnant woman has avert death or serious impairment t			
Date last normal mense	es bega	nn		Physician estim	ate of gestation (in weeks)	Post fertilization age of the fetus	(in weeks)		
	10	/2017	n ago dota'		10		8			
How were the gestation SONOGRAM	iai age	anu post terufizatio	ii age uetermin	cu:						
Full name of physician RESAD PASIC										
Address of physician po 2411 NEWBURG RD,		-		t, city, state, and z	ip code)					
		· 								
**Date Reported to I	DCS,	if Patient under 14	(month, day,	year):						

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Facility Name and Addr CLINIC FOR WOMEN - 3607 W	ress EST 16	STH STREET SUITE B2, INC	NANAPOLIS, IN	46222 City	or town, of pr	egnancy to			County of pregnancy termination MARION		
Patient's age** 22	Iarrieo	Yes No		ancy terminatio	n Eo	ducation		Some Co	llege, No Degree		
Race American Indian or A Native Hawaiian or G		_] Asian] White	☐ Black or A☐ Other	frican America		Unknown		inic or Latino Iispanic or Latino		
Live Births:	Nι	ımber now living	0			Nu	mber now do	eceased	0		
Other Terminations:	Nι	umber of spontaneous				Nui	mber of indu	iced termin	nations		
Dates of terminations (L	Do noi	t include this terminat	on. If more th	nan six (6), thos	e most recent.)				0		
1	_ 2.		3		_ 4		5		6		
Fetus delivered alive?		If yes, length of time	e fetus survive	ed:				Complic	ation(s) of Pregnancy Termination		
☐ Yes ■ No							■ N	Vone	☐ Uterine Perforation		
							Ј п в	Iemorrhage	e		
Fetus viable?		If viable, medical re-	ason for term	ination:							
☐ Yes ■ No					☐ Infection ☐ Retained Products						
								Other (Spec	ify)		
Pathological examinatio	n	If yes, results:									
performed? • Yes • No		SAC & CHORIONI	C VILLI				Did this	terminatio	on of pregnancy result in a maternal deat	-	
							☐ Yes			1.2	
				Type of Te	rmination Proc	redures					
				Type of Te							
Procedure that Terminat	ted Pr	regnancy			Addition	al Procedi	ure that Teri	minated Pr	egnancy		
	Medical (Nonsurgical) Mifepristone					Medical (Nonsurgical) Mifepristone					
☐ Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgion Medical (Nonsurgio					☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						
	,	(- <u>F</u> 32)					g, -	(-1			
										_	
Medical (Surgical)Medical (Surgical)							gical) Suction of Suction (Section 1) gical) Mens				
Medical (Surgical)					☐ Med	lical (Surg	gical) Mens	(Specify)	ation		
					_						
For Medical (Surgical) p	proce	dures, answer the follo	wing question	n.	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable of Yes		e a post fertilization ag	ge at least 20 v	weeks?				a post fert	ilization age at least 20 weeks?		
ies 🖭 i	INO					Yes	□ No				
If the previous question	was a	answered yes, complet	e the followin	ng questions.	If the pre	vious que	estion was a	nswered ye	es, complete the following questions.		
Was the fetus given the ☐ Yes ☐ 1		t opportunity to surviv	e?			e fetus giv		opportunit	y to survive?		
What was the basis for		rmination that the	mont wo	had a sonditi				minetie= 1	nat the pregnant woman had a condition		
that required the proce									th or serious impairment to the pregnant		
woman?					woman	?					
Date last normal menses	s bega	nn	1	Physician esti	mate of gestati	on (in wee	eks)	Post fer	rtilization age of the fetus (in weeks)		
	_	30/2017		,	8	(,		6		
How were the gestationa	al age	and post fertilization	age determine	ed?							
SONOGRAM											
Full name of physician p	perfor	rming termination									
Address of physician performing termination (number and street, city, state, and zip											
2411 NEWBURG RD, LOUISVILLE, KY 40205											
										ء	
**Date Reported to D	DCS,	if Patient under 14	month, day, y	vear):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Facility Name and Ad CLINIC FOR WOMEN - 3607	ddress west	16TH STREET SUITE B2, IN	IDIANAPOLIS, IN	46222 Cit	ty or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
			-			T					
29	Marri	ed Yes No		nancy terminati 12/30/2017	on	Educat			ool Diploma or GED		
Race American Indian of Native Hawaiian of	or Othe	er Pacific Islander	Asian White	Black or Other	Africa	n American	Unknown	Not 1	y anic or Latino Hispanic or Latino		
Live Births:		lumber now living	2				Number now d		0		
Other Terminations	: N	Number of spontaneous	s terminations 0			Number of induced terminations 5					
Dates of terminations 1. 10/15/2016		ot include this termina 2_ 11/01/2014	tion. If more t	(//		st recent.) 09/07/2012	50	2/18/201			
Fetus delivered alive? Yes N		If yes, length of tin	ne fetus surviv	red:				Compli	cation(s) of Pregnancy Termination		
Yes N	10						■ 1	None	☐ Uterine Perforation		
Fetus viable?		If viable, medical r	asson for term	nination:			D	Hemorrhag	ge Cervical Laceration		
Yes N	Го	ii viabie, inedicari	cason for term	imation.		☐ Infection ☐ Retained Products					
								Other (Spe	cify)		
Pathological examination	tion	If yes, results:									
performed? Yes N	Jo	SAC & CHORION	IIC VILLI				Did this	terminati	on of pregnancy result in a maternal death?		
ICS IN							Yes				
[
				Type of T	Termin	ation Procedur	res				
Procedure that Termin	nated F	Pregnancy				Additional Pr	ocedure that Ter	minated P	regnancy		
☐ Medical (Nonsur	gical)	Mifepristone				☐ Medical	(Nonsurgical) M	lifepristor	ne		
Medical (Nonsur Medical (Nonsur	gical)	Misoprostol									
i Wedicai (Nollsui	gicai)	Other (Specify)				☐ Medicai	(Ivolisuigical) C	шеі (зрес	299)		
Medical (SurgicaMedical (Surgica		ction Curettage nstrual Aspiration					(Surgical) Sucti (Surgical) Mens				
Medical (Surgica						☐ Medical	(Surgical) Other	(Specify)			
For Medical (Surgical	l) proc	edures, answer the foll	lowing question	on.		For Medical (Surgical) proced	ures, answ	ver the following question.		
Was the fetus viable ☐ Yes ■		ve a post fertilization a	ige at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No					
If the previous question	-	answered yes, comple	ete the followi	ng questions.		_	_	nswered y	es, complete the following questions.		
Was the fetus given	the be	st opportunity to survi		8 1		Was the fetu	us given the best	•			
☐ Yes ☐] No						Yes No				
		ermination that the pre to avert death or serie							that the pregnant woman had a condition ath or serious impairment to the pregnant		
woman?			F	F9.m		woman?	1		I		
Date last normal mens				Physician es	timate	of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestation		/13/2017	age determin	led?		8			6		
SONOGRAM	onar ag	se and post fortinzation	. age determin								
Full name of physicia RESAD PASIC	n perfo	orming termination									
Address of physician 2411 NEWBURG RI	-	-		t, city, state, an	ıd zip	code)					
2711 NEVVBURG RI	J, LU	OIGVILLE, NT 4020									
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Facility Name and Ad		6TH STDEET SUUTE DA 14	IDIANADO IS IN	City or	town, of pregna	ancy termination	County of pregnancy termination			
CLINIC FOR WUMEN - 3607	vv⊏311	uin sikeet suite 82, IN	NUIANAPULIS, IN	40222	INDIA	NAPOLIS	MARION			
Patient's age**	Marrie [d Yes • No		ancy termination	Educa		gh School Diploma or GED			
Race American Indian o Native Hawaiian o			Asian White	Black or Afri	can American	Unknown	Ethnicity Hispanic or Latino Not Hispanic or Latino Unknow	n		
Live Births:		umber now living	1			Number now de	0			
Other Terminations:	•	umber of spontaneou	0			Number of indu	aced terminations			
Dates of terminations		t include this termina		* **	,	5	6			
Fetus delivered alive? Yes No		If yes, length of tin				■ N	Complication(s) of Pregnancy Termination			
Fetus viable?		If viable, medical r	and an for town	ination	☐ Hemorrhage ☐ Cervical Laceration					
Yes No	o	ii viable, illedicai i	eason for term	mation:	☐ Infection ☐ Retained Products					
							Other (Specify)			
Pathological examinat	tion	If yes, results:								
performed? Yes N	Го	SAC & CHORION	NIC VILLI			Did this	termination of pregnancy result in a maternal d No	eath?		
				Type of Term	nination Procedu	res				
Procedure that Termin	nated P	regnancy		Type of Telli			minated Pregnancy			
Medical (Nonsur						(Nonsurgical) M	•			
Medical (Nonsurg	gical)	Misoprostol			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)					
	1) 0					(G ' 1) G '	0			
Medical (Surgical Medical Medical (Surgical Medical Medi	l) Mer	strual Aspiration			☐ Medical	(Surgical) Suction (Surgical) Mens (Surgical) Other	trual Aspiration			
For Medical (Surgical) proce	dures, answer the fol	lowing question	n.	For Medical (Surgical) procedures, answer the following question.					
Was the fetus viable ☐ Yes ■		e a post fertilization a	age at least 20	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No					
If the previous question	on was	answered yes, comple	ete the following	ng questions.	If the previou	us question was ar	nswered yes, complete the following questions.			
Was the fetus given ☐ Yes ☐		st opportunity to survi	ive?			us given the best Yes No	opportunity to survive?			
		ermination that the proto avert death or serio					mination that the pregnant woman had a condition avert death or serious impairment to the pregn			
Date last normal mens	ses heg	an		Physician estima	ate of gestation (in weeks)	Post fertilization age of the fetus (in weeks)			
	10/	29/2017		-	8 8	100/	6			
How were the gestation SONOGRAM	onal ago	e and post fertilization	n age determin	ed?						
L										
Full name of physician RESAD PASIC							2000	_		
Address of physician p	_	-		t, city, state, and zi	p code)					
**Date Reported to	DCS,	if Patient under 14	(month, day,	year):						

SFN:007707

TERMINATED PREGNANCY REPORT

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre CLINIC FOR WOMEN - 3607 WE	ess EST 16TH STREET SUITE B2, I	INDIANAPOLIS, IN 46222	City or t	own, of pregna	•			County of pregnancy termination			
				INDIAN	IAPOL	15		MARION			
Patient's age** 30 Race	arried No	Date of pregnancy term 12/30/20		Educat	tion	Н	igh School	Diploma o	r GED		
American Indian or A	Other Pacific Islander	☐ Asian ☐ Blac ☐ White ☐ Othe		rican American Hispanic or Latino Unknown Not Hispanic or Latino						own	
Live Births:	Number now living	4				er now d		0			
Other Terminations:	Number of spontaneou	0		Number of induced terminations 2							
Dates of terminations (D 1. UNKNOWN		ation. If more than six (6									
Fetus delivered alive? Yes No		me fetus survived:		Complication(s) of Pregnancy Termination None Uterine Perforation							
Fetus viable? Yes No	If viable, medical							ı			
Pathological examination	n If yes, results:										
performed? • Yes No	SAC & CHORIO	NIC VILLI				Did this		nation of pregnancy result in a maternal death?			
		Туре	of Termin	nation Procedur	es						
Procedure that Terminate	ed Pregnancy			Additional Pr	ocedure	that Ten	minated Preg	nancy			
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic		 ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) 									
Medical (Surgical) Medical (Surgical) Medical (Surgical) Medical (Surgical)	Menstrual Aspiration			Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
For Medical (Surgical) p	procedures answer the fo	llowing question		For Medical (Surgical) procedures, answer the following question.							
	have a post fertilization	• •		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
		lete the following question	ons.	If the previous question was answered yes, complete the following questions.							
Was the fetus given the	e best opportunity to surv No	vive?		Was the fetus given the best opportunity to survive? ☐ Yes ☐ No							
		regnant woman had a conious impairment to the pr		What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?							
Date last normal menses	-	Physicia	an estimate	e of gestation (i	n weeks	:)	Post fertil	ization age o	of the fetus (in week	ks)	
How were the gestationa	UNKNOWN	on age determined?		9					7		
SONOGRAM	u age and post fertilization	on age determined:									
Full name of physician p	performing termination										
	Address of physician performing termination (number and street, city, state, and zip code) 2411 NEWBURG RD, LOUISVILLE, KY 40205										
**Date Reported to D	PCS, if Patient under 1	4 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A CLINIC FOR WOMEN - 360	City or tow	n, of pregna	•		County of pregnancy termination MARION							
Patient's age**	Mar	ried	Date of pregnancy term	ination	Education							
25	iviai	Yes No	12/30/201				Bachelor's Degree					
Race American Indian Native Hawaiian Live Births:			☐ White ☐ Othe		Ethnicity rican American Unknown Number now deceased Ethnicity Hispanic or Latino Not Hispanic or Latino Unkn							
		Number of spontaneou	1 as terminations			Numl	ber of induced terr	minations				
Other Termination		•	0 ation. If more than six (6)) those most	recent)			1				
2014		2					5	6				
Fetus delivered alive		If yes, length of ti	me fetus survived:		Complication(s) of Pregnancy Termina							
☐ Yes ■ I	No						■ None	☐ Uterine Perforation				
F		TC : 11 1: 1	· · · · ·				Hemorrh	age				
Fetus viable? Yes I	No	If viable, medical	reason for termination:				☐ Infection	☐ Retained Products				
							Other (St	— — — — — — — — — — — — — — — — — — —				
Pathological examin	ation	If yes, results:					Other (Specify)					
performed?			NIC VII I I									
■ Yes □	No	SAC & CHORIO	NIC VILLI				Did this termina ☐ Yes ■	ation of pregnancy result in a maternal death? No				
			Type	of Terminati	on Procedu	res						
Procedure that Term	inated	Pregnancy	- 7 50				e that Terminated	Pregnancy				
				_								
☐ Medical (Nonsu ☐ Medical (Nonsu					☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
☐ Medical (Nonsu	ırgica) Other (Specify)		-	Medical (Nonsurgical) Other (Specify)							
		uction Curettage		[Medical	(Surgic	cal) Suction Cure	ttage				
☐ Medical (Surgion Med		Ienstrual Aspiration other (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Modical (Surgice	ol) pr	anduras anguar tha fa	llowing question	<u></u>	For Medical (Surgical) procedures, answer the following question.							
	_	ocedures, answer the fo										
	le or h ■ No	ave a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	ion w	as answered ves. comp	lete the following questio	ns. If	If the previous question was answered yes, complete the following questions.							
		pest opportunity to surv										
Yes [IVC:		Was the fetus given the best opportunity to survive? ☐ Yes ☐ No							
			regnant woman had a con ious impairment to the pr	egnant	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?							
Date last normal men	ncec L	egan	Dhyeisis	n estimate of	acception (n wool-	e) Dest	fertilization age of the fetus (in weeks)				
Date last notinal men		egan 0/29/2017	Physicia	ui estilliate Ol	8	п weeк.	s _j Post	6				
How were the gestat SONOGRAM	ional	age and post fertilization	n age determined?				•					
Full name of physici RESAD PASIC	an pe	forming termination										
	n perfe	orming termination (num	mber and street, city, stat	e, and zip cod	de)							
	-	OUISVILLE, KY 4020		•								
**Date Reported t	o DC	S, if Patient under 1	4 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A CLINIC FOR WOMEN - 360	Address 07 WEST	16TH STREET SUITE B2, II	NDIANAPOLIS, IN	46222 Ci	ity or to		ncy termination	County of pregnancy termination MARION					
T	1		D. C			Let a							
Patient's age** 24	Marri	ed □ Yes ■ No		nancy terminat 12/30/2017	tion	Educat	Associate Degree						
Race American Indian Native Hawaiian			Asian White	☐ Black or ☐ Other	Africa	n American	Unknown	■ Not I	y anic or Latino Hispanic or Latino	Unknown			
Live Births:	1	Number now living	1				Number now o	leceased	0				
Other Termination	ıs:	Number of spontaneou	s terminations				Number of ind	uced termi	nations 0				
Dates of termination	is (Do n	ot include this termina	ition. If more t	han six (6), the	ose mo	st recent.)							
1			3		4.		5	Compli	cation(s) of Pregnan	av Tarmination			
Fetus delivered alive		If yes, length of tir	ne fetus surviv	red:				•	_				
					None	∐ Uter	ine Perforation						
Fetus viable? If viable, medical reason for termination:								Hemorrhag	ge 🗌 Cerv	rical Laceration			
☐ Yes ■	No							Infection	Reta	ined Products			
								Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:											
Yes	No	SAC, CHORIONI	C VILLI, & F	ETAL PARTS	S		Did thi ☐ Ye			ult in a maternal death?			
				Type of 7	Termin	ation Procedur	res						
Procedure that Term	inated l	Pregnancy				Additional Pr	ocedure that Ter	minated Pr	regnancy				
☐ Medical (Nonsu	urgical)	Mifepristone				☐ Medical	(Nonsurgical) I	Mifepriston	ie				
Medical (Nonsu						Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
- Wedlear (Fronse	argicui)	Giller (Speedy)											
	1) 0						(0 1 1) 0						
	cal) Me	enstrual Aspiration				Medical	(Surgical) Suct (Surgical) Men	strual Aspi	ration				
Medical (Surgio	cal) Otl	ner (Specify)				☐ Medical	(Surgical) Othe	r (Specify)					
For Medical (Surgic	al) proc	edures, answer the fol	lowing question	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab ☐ Yes [ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	tion was	answered yes, comple	ete the followi	ng questions.		If the previous question was answered yes, complete the following questions.							
	n the be	est opportunity to surv	ive?			Was the fetus given the best opportunity to survive? ☐ Yes ☐ No							
	_	termination that the pr	eanant womon	had a condition	on	_	_	rmination f	hat the prognant wa	man had a condition			
that required the pr		e to avert death or seri				What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant							
woman?						woman?							
				I mi . ·				1 -					
Date last normal me		gan /15/2017		Physician es	stimate	of gestation (in	n weeks)	Post fe	ertilization age of th 9	e tetus (in weeks)			
_	tional ag	ge and post fertilization	n age determin	ied?				l					
SONOGRAM													
Full name of alarming	ion ===°	orming tamair -t'											
Full name of physician performing termination RESAD PASIC													
Address of physician performing termination (number and street, city, state, and zip code)													
2411 NEWBURG RD, LOUISVILLE, KY 40205													
**Date Reported t	to DCS	, if Patient under 14	(month, day,	year):									

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CLINIC FÓR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222 INDIANAPOLIS MAR	County of pregnancy termination MARION							
Patient's age** 24 Married Date of pregnancy termination Education								
Race Ethnicity Hispanic or Latino Native Hawaiian or Other Pacific Islander White Other Unknown Not Hispanic or Latino Not Hispanic or Latino	☐ Unknown							
Live Births: Number now living Number now deceased								
Other Terminations: Number of spontaneous terminations 0 Number of induced terminations								
Dates of terminations (Do not include this termination. If more than six (6), those most recent.) 1. 12/07/2012								
Fetus delivered alive? If yes, length of time fetus survived: Complication(s) of Pregnancy	Termination							
☐ Yes ■ No ☐ Uterine	Perforation							
	l Laceration							
Fetus viable? If viable, medical reason for termination: □ Yes ■ No □ Infection □ Retained	d Products							
☐ Other (Specify)								
Pathological examination If yes, results:								
performed?								
■ Yes No SAC & CHORIONIC VILLI Did this termination of pregnancy result i Yes No	in a maternal death?							
Type of Termination Procedures								
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy								
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone								
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)								
El Malia I (Survival) Cartina Communa								
■ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Menstrual Aspiration								
☐ Medical (Surgical) Other (Specify) ☐ Medical (Surgical) Other (Specify)	☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ■ No Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following questions.	If the previous question was answered yes, complete the following questions.							
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No Was the fetus given the best opportunity to survive? ☐ Yes ☐ No								
What was the basis for determination that the pregnant woman had a condition What was the basis for determination that the pregnant woman								
that required the procedure to avert death or serious impairment to the pregnant woman? that required the procedure to avert death or serious impairment woman?	nt to the pregnant							
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fet	tus (in weeks)							
11/10/2017 8 6	()							
How were the gestational age and post fertilization age determined? SONOGRAM								
Full name of physician performing termination								
RESAD PASIC Address of physician performing termination (number and street, city, state, and zip code)								
2411 NEWBURG RD, LOUISVILLE, KY 40205								
**Date Reported to DCS, if Patient under 14 (month, day, year):								
DATE RECEIVED BY ISDH (month, day, year): 01/30/2018								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					City or t	City or town, of pregnancy termination INDIANAPOLIS					County of pregnancy termination MARION						
Patient's age** 30	Mar	ried Y	es	■ No	1 *	pregnancy term 12/30/20		Edu	ıcat	ion		Bach	nelor's D	egree			
Race American Indian Native Hawaiian					Asian White	☐ Blac		an Americai	ı	☐ Un	known	Ethnicit	anic or La	atino or Latino		☐ Unknov	wn
Live Births:		Numb	er no	w living		2		Number now deceased 0									
Other Termination	s:	Numb	er of	spontane	ous terminat					Numb	nber of induced terminations						
Dates of termination 1. UNKNOWN	is (Do	not inc	lude	this term	ination. If m	ore than six (6), those mo	ost recent.)			5			6			
Fetus delivered alive		If	yes, l	length of	time fetus si	urvived:						Compli	cation(s)	of Pregnan	cy Ter	mination	
☐ Yes ■ No										•	None		☐ Uteri	ne Pe	rforation		
Fetus viable?		If	viahl	e medic	al reason for	termination:						Hemorrhag	ge	☐ Cerv	ical La	aceration	
Fetus viable? If viable, medical reason for termination: ☐ Yes ■ No											Infection		Reta	ned P	roducts		
											☐ Other (Specify)						
Pathological examin performed?	ation	If	yes, 1	results:													
☐ Yes ■	No										Did thi			gnancy resi	ılt in a	maternal	death?
						Туре	of Termin	nation Proce	dur	es							
Procedure that Term	inated	Pregna	ancy					Additiona	Pro	ocedure	that Te	minated P	regnancy				
Medical (NonsuMedical (Nonsu								☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol									
Medical (Nonsu								Medical (Nonsurgical) Other (Specify)									
Medical (Surgio								Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration									
Medical (Surgio												r (Specify)					
For Medical (Surgic	al) pro	cedure	s, an	swer the	following qu	iestion.		For Medical (Surgical) procedures, answer the following question.									
Was the fetus viab ☐ Yes [le or h		ost f	ertilizatio	on age at leas	st 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No									
If the previous quest	ion wa	as answ	ered	yes, con	nplete the fol	llowing question	ons.	If the previous question was answered yes, complete the following questions.									
Was the fetus give			ortu	nity to su	rvive?			Was the fetus given the best opportunity to survive? ☐ Yes ☐ No									
What was the basis														regnant wo			
that required the programmer woman?	rocedu	ire to av	vert d	leath or s	erious impai	irment to the pr	regnant	that requ woman?	irec	the pr	ocedure	to avert de	ath or seri	ious impair	ment	to the preg	nant
								1									
Date last normal me		egan 1/04/2	017			Physicia	an estimate	e of gestatio 8	n (ii	ı weeks	s)	Post fo	ertilizatio	n age of the	fetus	(in weeks)	
How were the gestat	ional	age and	post	fertiliza	tion age dete	ermined?						1					
SONOGRAM																	
Full name of physici	ian pei	formin	g ter	mination													
RESAD PASIC Address of physician performing termination (number and street, city, state, and zip code)																	
2411 NEWBURG F	2411 NEWBURG RD, LOUISVILLE, KY 40205																
WALT . T	F. 6	IG : 6 =	,.		14 : -												
**Date Reported t	to DC	S, if P	atier	nt under	14 (month,	day, year):							_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					City or town, of pregnancy termination INDIANAPOLIS				County of pregnancy termination MARION			
Patient's age**	Mar	ried	Date of pregnancy term	nination	Education							
28	IVIUI	Yes No	12/21/20				Some College, No Degree Ethnicity					
Race American Indian Native Hawaiian			Asian Blace White Other		can American ☐ Hispanic or Latino ☐ Unknown ☐ Not Hispanic or Latino ☐ Number now deceased					Unknown		
Live Births:		Number of spontaneou	0 us terminations			Numbe	0 Number of induced terminations					
Other Termination Dates of termination	ъ.		0 ation. If more than six (6) those mos	st recent)				0			
1			3		4 5 6							
Fetus delivered alive		If yes, length of ti	me fetus survived:					Compli	cation(s) of Pregna	ancy Termination		
l les					• 1	None	☐ Uto	erine Perforation				
Fetus viable?				☐ I	Hemorrhag	ge 🗌 Ce	rvical Laceration					
Yes •				□ I	nfection	Re	tained Products					
								Other (Spec	cify)			
Pathological examin	ation	If yes, results:										
performed?	No						Did this	s terminati	on of pregnancy re	esult in a maternal death?		
							☐ Yes					
			Туре	of Termina	ation Procedur	res						
Procedure that Term	inated	Pregnancy			Additional Pr	ocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu					Medical (Nonsurgical) Mifepristone							
Medical (Nonsu Medical (Nonsu) Other (Specify)			☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgio	cal) S	uction Curettage			☐ Medical	(Surgica	l) Sucti	on Curetta	ige			
☐ Medical (Surgion Med	cal) M	Ienstrual Aspiration			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
		(- <u>F</u> <u>3</u> 27				(,	(-1 - 35)				
E M-di1 (Ci	-1)		11		For Medical (Surgical) procedures, answer the following question.							
	_	ocedures, answer the fo										
Was the fetus viab	_		age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	ion wa	as answered yes, comp	lete the following question	ons.	If the previous question was answered yes, complete the following questions.							
	n the l	pest opportunity to surv	vive?		Was the fetus given the best opportunity to survive? ☐ Yes ☐ No							
			regnant woman had a cor ious impairment to the pr							voman had a condition airment to the pregnant		
woman?					woman?							
Date last normal me		egan 1/02/2017	Physicia	an estimate	of gestation (i.	n weeks))	Post fe	_	the fetus (in weeks)		
How were the gestat		age and post fertilization	on age determined?		<u> </u>					-		
Full name of physici		forming termination										
Address of physician performing termination (number and street, city, state, and zip code)												
3607 WEST 16TH	3607 WEST 16TH STREET, INDIANAPOLIS, IN 46222											
**Date Reported t	**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/30/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address CLINIC FOR WOMEN - 3607 WEST 16TH STREET SUITE B2, INDIANAPOLIS, IN 46222					City or town	or town, of pregnancy termination INDIANAPOLIS			County of pregnancy termination MARION			
Patient's age** 23	Married [l Yes • No	Date of pregn	nancy termin 12/16/2017		Educat	tion	High School Diploma or GED				
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or African A	can American Ethnicity Hispanic or Latino Unknown Not Hispanic or Latino						
Live Births:		imber now living	0			Number now deceased						
Other Termination	s: Nu	imber of spontaneou				Number of induced terminations						
Dates of termination	is (Do noi	include this termin	ation. If more th	han six (6),	those most r	ecent.)		5.	0			
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:	4	Complication(s) of Pregnancy Termination						
☐ Yes ■	No					■ None ☐ Uterine Perfora						
								☐ Hemorrhag	ge Cervical Laceration			
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				☐ Infection	Retained Products			
	110							_	_			
Pathological examin	ation	If yes, results:					Other (Specify)					
performed?		•					_			-		
■ Yes □	No	CHORIONIC VIL	LI& FEIAL F	PARIS				Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death	?		
				Туре о	f Terminatio	on Procedu	res					
Procedure that Term	inated Pr	egnancy			Ad	lditional Pr	ocedure th	nat Terminated P	regnancy			
☐ Medical (Nonsu		•				Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone						
	ırgical) N	Misoprostol				Medical	(Nonsurgi	ical) Misoprosto	1			
Medical (Nonsu	irgicai) (otner (<i>specify</i>)				Medical	(Nonsurgi	(cal) Other (Spec	rty)			
Medical (Surgion Medica		on Curettage strual Aspiration						Suction Curetta Menstrual Aspi				
Medical (Surgio						Medical	(Surgical)	Other (Specify)				
For Medical (Surgic	al) proced	lures, answer the fo	llowing questio	on.	 Fo	r Medical (Surgical)	procedures, ansv	ver the following question.			
Was the fetus viab ☐ Yes [a post fertilization	age at least 20	weeks?	V	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest		nswered yes, comp	lete the following	ng questions	s. If	If the previous question was answered yes, complete the following questions.						
Was the fetus give ☐ Yes [opportunity to surv	rive?		V	Was the fetus given the best opportunity to survive? ☐ Yes ☐ No						
		rmination that the p				What was the basis for determination that the pregnant woman had a condition						
that required the property woman?	rocedure	to avert death or ser	ious impairmen	nt to the preg	-	hat required voman?	d the proce	edure to avert de	ath or serious impairment to the pregnant			
Date last normal me	nses bega	n		Physician	estimate of	gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks)			
Dute fast normal me	_	5/2017		11190101111		8	ir ireeius)	1 050 1	6			
How were the gestat SONOGRAM	tional age	and post fertilization	on age determin	ied?								
CONCONAM												
Full name of physici	_											
RAYMOND E. ROBINSON Address of physician performing termination (number and street, city, state, and zip code)												
3607 WEST 16TH STREET STE. 20, INDIANAPOLIS, IN 46222												
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 01/31/2018

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addr PLANNED PARENTHOOD OF M MERRILLVILLE, IN, 46410		CTICUT STREET,	City or town, o		ncy termination		County of pregnancy termination LAKE					
Patient's age**	., 1	Date of pregnancy term	ination	Education								
22 M	arried ☐ Yes ■ No	12/27/20		Educai	Some College, No Degree							
Race American Indian or A Native Hawaiian or C		☐ Asian ☐ Blac ■ White ☐ Other	k or African Am	can American Ethnicity Hispanic or Latino Not Hispanic or Latino				☐ Unknown				
Live Births:	Number now living	0			Number now d	leceased	0					
Other Terminations:	Number of spontaneou	is terminations			Number of ind	uced termin	nations 0					
Dates of terminations (D	I Oo not include this termin	ation. If more than six (6), those most rec	ent.)								
1		3	4		5		6					
Fetus delivered alive? Yes No	If yes, length of tin	me fetus survived:		Complication(s) of Pregnancy Terminati								
						None	☐ Uterin	e Perforation				
Fetus viable?	If viable, medical	reason for termination:				Hemorrhag	e 🗌 Cervio	cal Laceration				
☐ Yes ■ No					I	Infection	☐ Retair	ned Products				
						Other (Spec	cify)					
Pathological examination	n If yes, results:											
performed?					511.11							
☐ Yes ■ No					Did thi			It in a maternal death?				
					·							
		Type	of Termination	Procedur	es							
Procedure that Terminate	ed Pregnancy	J.F.			ocedure that Ter	minated De	egnancy					
☐ Medical (Nonsurgic ☐ Medical (Nonsurgic	cal) Misoprostol			☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								
Medical (Nonsurgio	cal) Other (Specify)			☐ Medical (Nonsurgical) Other (Specify)								
Medical (Surgical)	Suction Curettage				(Surgical) Sucti							
☐ Medical (Surgical) ☐ Medical (Surgical)	Menstrual Aspiration Other (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
	carer (speegy)			1,1001011	(Suigioni) Suic	г (Бреедуу						
				For Medical (Surgical) precedures enguer the following question								
For Medical (Surgical) p	procedures, answer the following	llowing question.	For M	For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable or ☐ Yes ■ 1	have a post fertilization	age at least 20 weeks?	Wa	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
			TC .1									
If the previous question	was answered yes, compl	ete the following question	ons. If the	If the previous question was answered yes, complete the following questions.								
Was the fetus given the ☐ Yes ☐ N	e best opportunity to surv No	ive?	Wa	Was the fetus given the best opportunity to survive? ☐ Yes ☐ No								
	determination that the pr	regnant women had a serv	ndition W.	What was the basis for determination that the pregnant woman had a condition								
that required the proceed	dure to avert death or seri		regnant that	t required			th or serious impairs					
woman?			WO	man?								
			I									
Date last normal menses	•	Physicia	an estimate of ge		n weeks)	Post fe	rtilization age of the	fetus (in weeks)				
How were the gestationa	10/18/2017	n age determined?	1	10			8					
ULTRASOUND	a ago and post fortinzatio	age determined:										
<u> </u>												
Full name of physician p	performing termination											
DR. MANDY GITTLER		,										
Address of physician performing termination (number and street, city, state, and zip code) 8645 CONNECTICUT STREET, MERRILLVILLE, IN 46410												
	- · · · · · · · · · · · · · · · · · · ·	, 10110										
**Date Reported to D	CS, if Patient under 14	4 (month, day, year):					_					